DOCUMENT RESUME

ED 463 482 CG 031 644

TITLE	Treatment, Education, and Prevention: Adding to the Arsenal in the War on Drugs. Hearing before the Committee on the Judiciary, United States Senate, One Hundred Seventh Congress, First Session.
INSTITUTION	Congress of the U.S., Washington, DC. Senate Committee on the Judiciary.
REPORT NO	Senate-Hrg-107-222
PUB DATE	2001-03-14
NOTE	76p.; Serial No. J-107-6
AVAILABLE FROM	U.S. Government Printing Office, Superintendent of Documents, Mail Stop SSOP, Washington, DC 20402-0001. Tel.: 866-512 1800 (Toll Free); Tel: 202-512-1800; Fax: 202-512-2250; Web site: http://bookstore.gpo.gov.
PUB TYPE	Legal/Legislative/Regulatory Materials (090)
EDRS PRICE	MF01/PC04 Plus Postage.
DESCRIPTORS	*Drug Education; *Drug Rehabilitation; Federal Legislation; *Government Role; Hearings; *Illegal Drug Use; *Prevention; Substance Abuse
IDENTIFIERS	Congress 107th; *War on Drugs

ABSTRACT

A hearing was held on the role of prevention in the comprehensive drug control policy of the United States. The hearing demonstrated a strengthening of the commitment to reduce the demand for drugs. It also showed bi-partisan support to remain vigilant in defense of the borders and in punishing those who sell or manufacture drugs. It states that the time has come to increase resources towards prevention. Following opening statements from Senators Orrin G. Hatch, Patrick J. Leahy, Mike Dewine, Richard J. Durbin, Maria Cantwell, Russell D. Feingold, and Srom Thurmond, expert witnesses presented testimony about what works in drug prevention. The panelists included Dr. Robert DuPont, president of Institute for Behavior and Health, Inc.; Edyie Hewitt, former director of Vermont Federation of Families for Children's Mental Health; Alan I. Leshner, National Institute on Drug Abuse; Donnie R. Marshall, Drug Enforcement Administration; Carroll O'Connor, actor and advocate for prevention; Debra Walcott, recovering drug addicted youth; James A. Walton, Jr., commissioner for the Department of Public Safety in Vermont; and Paul M. Warner, United States Attorney for the district of Utah. Statements were also submitted for the record from Joseph A. Califano, Jr., President of National Center on Addiction and Substance Abuse, Columbia University and Dr. Jan K. Carney, Commissioner of Health, State of Vermont. (JDM)

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ED 463 482

S. HRG. 107–222

TREATMENT, EDUCATION, AND PREVENTION: ADDING TO THE ARSENAL IN THE WAR ON DRUGS

HEARING

BEFORE THE

COMMITTEE ON THE JUDICIARY
UNITED STATES SENATE

ONE HUNDRED SEVENTH CONGRESS

FIRST SESSION

MARCH 14, 2001

Serial No. J–107–6

Printed for the use of the Committee on the Judiciary

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76–915 DTP WASHINGTON : 2002

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TREATMENT, EDUCATION, AND PREVENTION: ADDING TO THE ARSENAL IN THE WAR ON DRUGS

WEDNESDAY, MARCH 14, 2001

U.S. SENATE,
COMMITTEE ON THE JUDICIARY,
Washington, D.C.

The Committee met, pursuant to notice, at 10:05 a.m., in room SD–226, Dirksen Senate Office Building, Hon. Orrin G. Hatch, Chairman of the Committee, presiding.

Present: Senators Hatch, DeWine, Leahy, Biden, and Durbin.

STATEMENT OF HON. ORRIN G. HATCH, A U.S. SENATOR FROM THE STATE OF UTAH

Chairman HATCH. Good morning. I am very pleased to welcome you all to today's hearing on the vital role of drug prevention and treatment in our Nation's comprehensive drug control policy.

I believe all of our witnesses today will agree with me that we need a comprehensive strategy embracing both demand and supply reduction in our struggle against drug abuse. I also believe that if we are to win this war on drugs in America, we need a stronger national commitment to the demand reduction component of our strategy. This is a bipartisan view which I am proud to say is shared by my colleague and ranking Democratic member, Senator Leahy.

Now, let there be no misunderstanding. We must and we will continue our vigilant defense of our borders and our streets against those who make their living by manufacturing or selling these harmful drugs. But the time has come to increase the resources we devote to prevent people from using drugs in the first place and to break the cycle of addiction for those whose lives are devastated and consumed by these substances. Only through such a balanced approach can we fully remove the scourge of drugs from our society.

Last month, Senators Leahy, DeWine, Biden, Thurmond and I introduced the Drug Education, Prevention, and Treatment Act of 2001, which embodies this balanced approach. While the bill furthers our law enforcement efforts by increasing penalties for those who involve minors in drug crimes, among other unlawful acts, the bulk of the legislation advances our prevention and treatment efforts.

According to national surveys, since 1990 the number of first-time users of marijuana has increased by 63 percent, of cocaine by

37 percent, of hallucinogens, including ecstasy, by 91 percent, and of stimulants by 165 percent. Last year, annual use of ecstasy among 10th and 12th-graders rose sharply, an increase of 33 and 35 percent, respectively.

Additionally, a large portion of the new heroin initiates are youth who are smoking, sniffing, or snorting heroin. In fact, a full quarter of the estimated 471,000 persons who used heroin for the first time between 1996 and 1998 were under age 18. This should alarm all of us about the future of our youth.

In the face of these dismal statistics, some cynics may ask what difference will another drug bill make. To them, I say that this bill will make a lot of difference. I am proud to say that since its introduction, numerous organizations, political officials, and concerned Americans have contacted our Committee to praise the bill.

At a press conference held prior to introducing the bill, prevention and treatment experts standing side by side with law enforcement officials, regardless of party affiliation, spoke in unison about how the various prevention and treatment consequences of this bill will help lower drug abuse in America.

According to a report recently released by the National Center on Addiction and Substance Abuse at Columbia University in 1998, States spent $81.3 billion, about 13 percent of total State spending, on substance abuse and addiction. Only $3 billion of this, however, was spent on prevention and treatment. The remaining $78 billion was spent, in the words of the study's authors, "to shovel up the wreckage of substance abuse and addiction."

The report urges us as policymakers to reexamine our priorities and shift our attention to drug prevention and treatment. This bill does just that. And I hasten to add it does so without undermining in any way our commitment to supply reduction. Indeed, this bill, it can be said, ultimately will help us to cut supply by reducing the demand for drugs among those who are the most consistent and addicted users, those who may want to break the vicious cycle of addiction but are physically unable to do so without the treatment programs authorized by this bill.

Let me emphasize, however, that while this legislation will prove enormously helpful, it cannot substitute for our most effective tool for preventing drug abuse, and that is good parenting. Demand reduction starts with educating all of America's children about the harmful, destructive nature of drugs, and that education must start at home.

According to the 1999 PRIDE survey, students whose parents never or seldom talk to them about drugs are 36.5 percent more likely to use drugs, in contrast with students whose parents talk to them often or a lot about drugs. They are 33.5 percent less likely to use drugs. Parents, grandparents, priests, rabbis, pastors, teachers, sports heroes, celebrities, and everyone else involved in our children's lives need to take an active role in educating our children about the dangers of drugs.

Unless children are given the knowledge and truth of how drugs will ruin their health and their futures, they are vulnerable to the lies of those who are peddling drugs. Sadly, studies reveal that many children will never have conversations with their parents, let alone other adults, about drug abuse. Some children have parents

who are addicted to drugs, some have parents who are imprisoned, and some have parents who just don't understand how vital it is for them to talk to their children about drug use.

This fact alone represents one important reason why community organizations need to be involved in educating both parents and children about the dangers of drug abuse. We need effective education and prevention programs in our schools and communities. Even for children blessed with dedicated, concerned parents, school and community-based programs are vitally important. According to the 1999 PRIDE survey, students who never or seldom join in community activities are 52.6 percent more likely to use drugs.

I don't know if there is any law that can stop a teenager from saying yes to that first puff of a marijuana joint, that first line of cocaine, that first tab of ecstasy, or that first injection of heroin. If I knew what this law was, I would dedicate my career to passing it, as I am sure would every Senator on this Committee.

The fact is there is no simple answer to these problems. That means we all must redouble our efforts to do everything we can to decrease the odds that our youth will fall prey to drug abuse and increase the odds that they will live healthy, productive lives.

This legislation marks a sustained commitment to prevention and education. The bill, for instance, provides resources to public and non-profit private entities to carry out school-based programs about the dangers of using illicit drugs. It would also provide counseling, training, and mentoring services to America's most at-risk children, those in low-income and high-crime communities who have a parent or legal guardian who is in jail or in prison.

In that regard, I am sponsoring, along with Senator Clinton in the Senate and Congressmen Charlie Rangel and J.C. Watts in the House, a dinner on May 8 for the Dream Academy, which is to bring caring adult mentors and tutors into the lives of children of prisoners, a high percentage of whom ultimately wind up in crime themselves.

So we are going to try to get that going as we have gotten the Boys and Girls Clubs of America going. It is already up and running, but we need to help it more. We have already raised around $1 million for that program. So I hope some of you will want to participate and come to that.

I might add another important provision of this bill answers the call to treat drug addicts while they are under the supervision of our criminal justice system. As many Americans have come to realize, a large number of criminals commit crimes to feed their drug habits, and if we can break the addiction, we will see a significant increase in public safety. It makes sense, then, to devote resources to treating criminal addicts before they are turned loose on our streets.

Of course, there are some who believe we will never be able to conquer abuse and the only answer is to legalize drugs. I, along with a strong majority of the American population, do not buy into this unfortunate rhetoric. We need to remain steadfast in our commitment to enforcing our laws, while at the same time investing in programs that are compassionate and offer those who are addicted to drugs an opportunity to return to society in a productive manner.

I look forward to hearing from our panelists their suggestions based on their own experience and expertise about what works, what doesn't, and what can be done. In particular, I am interested in listening to any suggestions you may have for Senator Leahy and me and other members of this Committee to improve this legislation.

I would ask that my entire written statement be included in the record, without objection.

[The prepared statement of Senator Hatch follows:]

PREPARED STATEMENT OF CHAIRMAN ORRIN G. HATCH, A U.S. SENATOR FROM THE STATE OF UTAH

Good Morning. I am pleased to welcome you all to today's hearing on the vital role of drug prevention and treatment in our nation's comprehensive drug control policy.

I believe all of our witnesses today will agree with me that we need a comprehensive strategy embracing both demand and supply reduction in our struggle against drug abuse.

I firmly believe that if we are to win the war on drugs in America, we need a stronger national commitment to the demand reduction component of our strategy. This is a bipartisan view, which I am proud to say is shared by my colleague and Ranking Democratic member, Senator Leahy.

I am also encouraged that President Bush has indicated on several occasions, and in the plan he unveiled last Fall, that he also believes in such a comprehensive drug control strategy.

Let there be no misunderstanding. We must, and will, continue our vigilant defense of our borders and our streets against those who make their living by manufacturing or selling these harmful drugs.

But the time has come to increase the resources we devote to prevent people from using drugs in the first place and to break the cycle of addiction for those whose lives are devastated and consumed by these substances. Only through such a balanced approach can we fully remove the scourge of drugs from our society.

Last month, Senators Leahy, DeWine, Biden, and Thurmond and 1, introduced the Drug Education, Prevention and Treatment Act of 2001, which embodies this balanced approach.

While the bill furthers our law enforcement efforts by increasing penalties for those who involve minors in drug crimes, among other unlawful acts, the bulk of the legislation advances our prevention and treatment efforts.

Now, some may be asking why should we pass another drug bill? The answer is quite simple: too many Americans—including far too many young people continue to use these harmful substances.

According to national surveys, since 1990, the number of first time users of marijuana has increased by 63 percent, of cocaine by 37 percent, of hallucinogens, including ecstasy, by 91 percent, and of stimulants by 165 percent. Last year, annual use of ecstasy among 10th and 12th graders rose sharply, an increase of 33 percent and 55 percent respectively.

Additionally, a large portion of the new heroin initiates are youth who are smoking, sniffing, or snorting heroin. In fact, a full quarter of the estimated 471,000 persons who used heroin for the first time between 1996-1998 were under age 18. This should alarm us all about the future of our youth.

The alarming statistics continue. By the 8th grade—that is around the age of 13,—over 50 percent of our youth have consumed alcohol, over 40 percent have smoked cigarettes, and over 20 percent have smoked marijuana. And by the time of graduation, around the age of 18, over 80 percent have consumed alcohol, over 60 percent have smoked cigarettes, and over 50 percent of our youth have used an illicit drug.

In the face of these dismal statistics, some cynics may ask what difference will another drug bill make? To them I say that this bill will make a lot of difference.

I am proud to say that since its introduction, numerous organizations, political officials, and concerned Americans have contacted the Committee to praise the bill. At a press conference held prior to introducing the bill, prevention and treatment experts, standing side-by-side with law enforcement officials, regardless of party affiliation, spoke in unison about how the various prevention and treatment components of this bill will help lower drug abuse in America.

This legislation bespeaks our commitment to do more to prevent and treat substance abuse. Such efforts, it is safe to say, will prove worthwhile.

According to a report recently released by the National Center on Addiction and Substance Abuse at Columbia University in 1998, States spent $81.3 billion—about 13 percent of total state spending on substance abuse and addiction. Only $3 billion of this, however, was spent on prevention and treatment. The remaining $78 billion was spent, in the words of the study's authors, "to shovel up the wreckage of substance abuse and addiction." The report urges us, as policymakers, to reexamine our priorities and shift our attention to drug prevention and treatment.

This bill does just that, and, I hasten to add, it does so without undermining in any way our commitment to supply reduction. Indeed, this bill, it can be said, ultimately will help to cut supply by reducing the demand for drugs among those who are the most consistent and addicted users—those who may want to break the vicious cycle of addiction, but are physically unable without the treatment programs authorized by this bill.

Let me emphasize, however, that while this legislation will prove enormously helpful, it cannot substitute for our most effective tool for preventing drug abuse: good parenting. Demand reduction starts with educating all of America's children about the harmful, destructive nature of drugs, and that education must start at home. According to the 1999 PRIDE survey, students whose parents never or seldom talk to them about drugs are 36.5% more likely to use drugs; in contrast, students whose parents talk to them often, or a lot, about drugs are 33.5% less likely to use drugs.

Parents, grandparents, priests pastors, rabbis, teachers, sports heroes, celebrities, and everyone else involved in a child's life need to take an active role in educating our children about the dangers of drugs.

Drug abuse knows no boundaries. It doesn't discriminate on the basis of gender, race, age, or class. It is truly an equal opportunity destroyer.

Parents need to stop deluding themselves into believing that moving to the suburbs, away from the temptations and evils of the inner cities, will prevent drug dealers from reaching their children. They need to stop thinking that it is always the other family's kid who is using drugs.

Unless children are given the knowledge and truth of how drugs will ruin their health and future, they are vulnerable to the lies of those who are peddling drugs.

Sadly, studies reveal that many children will never have conversations with their parents about drug use. Some children have parents who are addicted to drugs, some have parents who are imprisoned, and some have parents who just don't understand how vital it is for them to talk to their children about drug use.

This fact alone represents one important reason why community organizations need to be involved in educating both parents and children about the dangers of drug abuse.

We need effective education and prevention programs in our schools and communities. Even for children blessed with dedicated, concerned parents, these school- and community-based programs are vitally important. Indeed, according to the 1999 PRIDE survey, students who never or seldom join in community activities are 52.6% more likely to use drugs.

Additionally, students who report never taking part in gangs are 90.8% less likely to use drugs. It is clear that the more children hear the truth about what drug abuse and addiction can do to them, the more likely they will turn their backs on drug use and lead productive lives.

I don't know if there is any law that can stop a teenager from saying "yes" to that first puff of a marijuana joint, that first line of cocaine, that first tab of ecstasy, or that first injection of heroin.

If I knew what this law were, I would dedicate my career to passing it as, I am sure, would every Senator of this Committee . The fact is there is no magical or simple answer to this problem. That means we all must redouble our efforts to do everything we can to decrease the odds that our youth will fall prey to drug abuse and increase the odds that they will live healthy, productive lives.

This legislation marks a sustained commitment to prevention and education. The bill, for instance, provides resources to public and nonprofit private entities to carry out school-based programs about the dangers of using illicit drugs. It would also provide counseling, training, and mentoring services to America's most at-risk children-those in lowincome and high-crime communities who have a parent or legal guardian who is in jail or prison.

Another important provision of this bill answers the call to treat drug addicts while they are under the supervision of our criminal justice system. As many Americans have come to realize, a large number of criminals commit crimes to feed their drug habits, and if we can break the addiction, we will see a significant increase

in public safety. It makes sense, then, to devote resources to treating criminal addicts before they are turned loose on our streets.

Of course, there are some who believe we will never be able to conquer drug abuse and the only answer is to legalize drugs. I, along with a strong majority of the American population, do not buy into this unfortunate rhetoric.

We need to remain steadfast in our commitment to enforcing our laws, while at the same time investing in programs that are compassionate and offer those addicted to drugs an opportunity to return to society in a productive manner.

I look forward to hearing from our panelists their suggestions, based on their own experience and expertise, about what works, what doesn't, and what can be done. In particular, I am interested in listening to any suggestions you may have for Senator Leahy and me to improve this legislation.

Chairman HATCH. Senator Leahy, we will turn to you.

STATEMENT OF HON. PATRICK J. LEAHY, A U.S. SENATOR FROM THE STATE OF VERMONT

Senator LEAHY. Thank you very much, Mr. Chairman. I agree with you that the hearings we are holding today are important, not just because we are focusing on the Drug Abuse Education, Prevention, and Treatment Act, the bill that you and I introduced along with Senators Biden, DeWine, and Thurmond—probably as broad a political spectrum as any legislation that will be introduced this year, and that shows that the Committee has reached a bipartisan consensus that we need a comprehensive approach to our drug problems.

I have long supported efforts to reduce the demand for drugs. I was struck, though, in the film "Traffic" when the drug czar, played by Michael Douglas, questioned the lack of emphasis placed on drug treatment. I know a number of members of the Senate proved their acting ability and Academy Award stature in that—

Chairman HATCH. I wasn't acting.

[Laughter.]

Chairman HATCH. That is why they accepted it. I wasn't acting.

Senator LEAHY. I was glad to see that your language was better than some in the film, Mr. Chairman, not that I would expect otherwise.

Chairman HATCH. Thank you.

Senator LEAHY. To be serious for a moment, though, and this is a comment that I hear all over my own State of Vermont, the question was how can we fight a war on drugs when the enemies are drug users who are members of ordinary American families. It is like when we tell Colombia you have got to stop growing coca, but yet in this the most wealthy nation on Earth we are willing to spend billions upon billions of dollars to buy it. It is almost as though we blame other people for our problem.

In his recent visit to Mexico, President Bush frankly admitted that the reason that drugs are trafficked into the United States from Mexico is because there is a strong demand among Americans for the product. Law enforcement does an excellent job in combatting drug abuse, but law enforcement can't solve this problem by itself. We have to acknowledge that only a three-pronged approach, involving treatment and prevention and law enforcement, can work.

No community is immune from the ravages of drug abuse. I spent an evening recently in one of the small cities in Vermont. I talked with 200 Vermonters in the city of Rutland. We talked about

the pressing problem in my State of heroin. Vermont has one of the lowest crime rates in the Nation, but we are experiencing serious problems because of drug abuse. We sometimes think of a State like ours as being an idyllic Norman Rockwell type of place, but we show that no part of America is immune.

I was pleased that so many Vermonters—parents and students and teachers and concerned community members, as well as professionals from our State's prevention, treatment, and enforcement communities, and addicts—came out and participated in this town meeting discussion about the way Vermont's heroin problem is affecting our lives.

A woman named Siobahn Bosely courageously shared the story of her addiction to heroin and how she overcame it. She expressed her strong support for methadone, a treatment that helped get her life back on track. By participating in this methadone treatment program, she was able to have a child that did not have a heroin addiction, and she now lives free of the drug.

The bill that Senator Hatch and I have introduced will help women like Ms. Bosely by funding residential drug treatment centers for mothers so that women can get treatment, but also raise their children at the same time, something that is a reality in parts of our country.

We were also joined at the town meeting by representatives of one of Vermont's few treatment programs, who explained how difficult it is for Vermonters who need treatment to find it. We will address that problem by devoting resources to improving treatment in rural States and in economically depressed areas.

Law enforcement officials, including State police officers, local sheriffs, and police chiefs, said that we need both to increase support for law enforcement and to do more to assist prevention and treatment efforts. As one who served 8 years in law enforcement, I know exactly what they are saying.

Teachers and school counselors asked at the meeting for greater support of prevention and education programs in our schools. I believe we should increase our efforts both to educate our young people about the dangers of drugs and to provide after-school programs to keep our kids busy. This bill will do both.

I invited Edyie Hewitt, one of the people who spoke at the town meeting, to testify here today about how treatment opportunities have fallen far short of our needs in Vermont. She spoke about that, and we also had the Governor of our State, a medical doctor, sitting there listening, too.

As the Rutland Daily Herald editorialized a few months ago, "Agencies that treat addictions" need "a boost in resources and manpower." Those who work to prevent drug abuse from occurring in the first place need our strong support.

I invited the Commissioner of Public Safety of Vermont, James Walton, here to testify about how treatment and prevention programs can assist law enforcement in its critical duties. He has been a tremendous help to Vermont by being supportive of a comprehensive approach to our drug problems in the past. I worked with his office when we developed this bill, and I thank him for being here.

The Drug Abuse Education, Prevention, and Treatment Act contains numerous grant programs to aid States and local commu-

nities. Of particular interest to residents of my State—and it would be the same, Senator Hatch, in rural parts of your State or, Senator Durbin, the rural parts of yours—is that it establishes drug treatment grants for rural States and authorizes money for residential treatment centers for mothers addicted to heroin, methamphetamines, or other drugs.

This legislation helps States and communities reduce drug use in prisons through testing and treatment, an effort I proposed in the Drug-Free Prisons Act which was introduced last year. It would authorize drug courts, another step I proposed in the Drug-Free Prisons Act, and juvenile drug courts.

Finally, the bill directs the Sentencing Commission to review and amend penalties for a number of drug offenses involving children. It instructs the Sentencing Commission to amend its guidelines to provide for a necessary sentencing enhancement for criminals who distribute drugs to minors in order to lure a minor into prostitution or keep them in such criminal activity.

Instead of imposing mandatory minimums, however, we have invested discretion in the Sentencing Commission to determine appropriate penalties. A study by the RAND Corporation found that mandatory minimum drug sentences are not justifiable on the basis of cost-effectiveness at reducing cocaine consumption, cocaine expenditures, or drug-related crime.

I am concerned about this because it is very easy for us all to say we are tough on crime, we are against crime, as though anybody is going to be for crime. But sometimes just the arbitrary sentences that we as legislators have imposed have backfired. We continue to propose additional mandatory minimums even though we find mounting evidence of prison overcrowding and we find that in many States the costs of keeping the prisons are crowding out money for schools and other things. So we asked for a new study of this issue, including whether mandatory minimums have a disproportionate impact on any racial or ethnic groups.

Finally, I would like to comment on the inclusion of charitable choice language in this legislation to allow religious groups to compete. Although the language in this bill mirrors language that has previously passed Congress, I have some serious reservations about it, and some of my colleagues share those reservations. I applaud Chairman Hatch for agreeing to hold a hearing on charitable choice next month, and we can look closer into that.

I would like to place, Mr. Chairman, a number of items in the record—Jan Carney, the Vermont Commissioner of Health, her comments, and an op ed piece written by Joseph Califano.

Chairman HATCH. Without objection, we will put those in the record.

In fact, we will put the statement of Hon. Joseph A. Califano, Jr., before the Senate Judiciary Committee of today's date—he is out of the country and wanted to testify, so we will put his statement in the record.

In the editorial that appeared in the Washington Post, Secretary Califano said, "In research, we need a national institute on addiction that combines the current fragmented institutes on drug abuse, illegal drugs, nicotine, and alcohol abuse and alcoholism.

Such a combination would strengthen our research efforts and provide a better return for our tax dollars."

I hope that our colleagues who testify here today will address that particular suggestion because we do have NIDA, the National Institute on Drug Abuse, and SAMHSA, the Substance Abuse and Mental Health Services Administration, and we might want to find some way of making those even more effective in this area than they are today.

I would like to introduce our first panel of witnesses. This panel will discuss how drug treatment, education, and prevention fit into the Federal Government's comprehensive approach to the war on drugs.

We are very pleased to have on our first panel of witnesses Donnie Marshall, the Administrator of the United States Drug Enforcement Administration. Mr. Marshall began his law enforcement career in 1969 as a special agent with the Bureau of Narcotics and Dangerous Drugs, the predecessor agency of the DEA. After a distinguished career as an agent, Mr. Marshall was confirmed last year as Administrator of the Drug Enforcement Administration, making him the first DEA agent to climb through the ranks to become head of the Administration. In my opinion, we are very fortunate to have him running the DEA, and I want to thank him in particular for rearranging his busy schedule in order to testify at today's hearing.

We would also like to welcome Paul Warner, who is one of the great United States Attorneys. He is the United States Attorney for Utah. Mr. Warner's aggressive efforts to prosecute drug cases and gang crime, as well as his willingness to embrace alternative solutions such as drug courts and drug treatment programs, have resulted in a significant decrease in the rate of drug-related crime in my home State of Utah. We are very proud of the work that he is doing there and that he has done.

Finally, we would like to welcome Dr. Alan Leshner, Director of the National Institute on Drug Abuse at the National Institutes of Health. Dr. Leshner's institute supports over 85 percent of the world's research on the health aspects of drug abuse and addiction. Dr. Leshner has been director of the institute since February 1994, a tenure that has been marked by authoritative research into the cause of drug abuse and creative approaches toward the treatment of drug addiction.

So we say good morning to each of you and welcome you to our hearing on "Treatment, Education, and Prevention: Adding to the Arsenal in the War on Drugs."

Mr. Marshall, we will take you first.

STATEMENTS OF DONNIE R. MARSHALL, ADMINISTRATOR, DRUG ENFORCEMENT ADMINISTRATION, UNITED STATES DEPARTMENT OF JUSTICE, WASHINGTON, D.C.

Mr. MARSHALL. Thank you, Senator Hatch, Senator Leahy, members of the Committee, and thanks for the invitation to be here. Good morning. I really think it is a very important opportunity for me to share my views on drug education, prevention, and treatment, and how that relates and interacts with law enforcement.

I also want to thank you, Mr. Chairman, you, Senator Leahy, and this entire Committee for your unyielding support to the courageous men and women of the Drug Enforcement Administration and to drug law enforcement in general. I want to thank the Committee also for previous legislation that has given us many of the tools that we need to do a better job in carrying out our mission.

Our mission, of course, is primarily to enforce the controlled substances laws and to bring to justice those people responsible for poisoning the citizens of this country. But I have very long said and very vocally said that this fight cannot be won through law enforcement alone. There must be a holistic approach to what I think is a very complex global problem.

I would like to submit for the record an op ed piece which I wrote for the Dallas Morning News in October of 2000 which outlines in a bit more detail than I have time for here my viewpoints on this holistic approach.

Chairman HATCH. Without objection, we will put that in the record.

Mr. MARSHALL. DEA has in place a 5-year strategic plan that addresses the problems posed by illicit drug availability and abuse, and provides for a comprehensive and balanced approach. There is no doubt that interdiction and enforcement, coupled with education, prevention, and treatment, are, in fact, the vital, essential elements for reducing illegal drug supply and demand in this country.

Now, there are a lot of people in this country perhaps who would argue that demand drives supply. But from my perspective, the equation is really not quite that simple. I am the first to admit that as a law enforcement person I have some very strong feelings in that regard, but I also know that I am not alone in my belief in strong law enforcement.

I want to take just a moment to share with you a quote from a Johns Hopkins-trained historian, Jill Jonnes. Ms. Jonnes has devoted a lot of years of her life to studying America's experience with drug abuse and she reported those findings in a very good book a couple of years ago, a book called *Hep-Cats, Narcs, and Pipe Dreams*. She wrote, and I quote, "The first and foremost factor that affects the levels of drug use is availability. Drugs like opiates and cocaine are so seductive that supply alone creates demand."

What she learned through years of research is kind of a similar conclusion that many drug agents have come to through years of experience, and that is that to a very large degree supply does drive demand. Where drugs are available, abuse and addiction always rise. We have seen that phenomenon with Colombian and Mexico-based traffickers. They have used that concept to drive demand. They marketed Colombian heroin very aggressively during the mid–1990's, and many new users were drawn to that heroin because the high purity led to the fact that it could be inhaled rather than injected. They thought it wouldn't be addictive, but very soon they ended up as common junkies.

We have seen the same phenomenon with the club drug ecstasy, which is aggressively marketed as a harmless love drug. And, in fact, the promoters of that drug are setting up parties which are

advertised as alcohol-free, but in reality they are venues where ecstasy and other drugs are openly sold.

Now, I want to reiterate—and I will be brief; I see the red light is on—there is no single solution to this very complex challenge that we face. This is going to take entire communities working together and realizing that it is everyone's responsibility.

Personally, for my part, on the demand side I volunteer in the Boy Scouts of America's law enforcement Explorer program and in traditional scouting, and I see firsthand how dedicated prevention strategies can positively affect our youth. Parents, teachers, religious community leaders, as well as law enforcement play a vital role in our National drug prevention strategy.

I mentioned earlier that DEA's primary mission is law enforcement. Education, prevention, and treatment are long-term solutions, and law enforcement must remain a strong partner for this approach to have a positive impact. I look forward to working with this Committee, with the entire 107th Congress, and with our new administration in helping to minimize the burden that has been placed on our society by this tragic issue.

Thank you.

[The prepared statement of Mr. Marshall follows:]

PREPARED STATEMENT OF DONNIE R. MARSHALL, ADMINISTRATOR, DRUG ENFORCEMENT ADMINISTRATION, U.S. DEPARTMENT OF JUSTICE

Chairman Hatch, Ranking Member Leahy, and Members of the Committee, good morning and thank you for the opportunity to appear before the Committee regarding Treatment, Education and Prevention. Mr. Chairman, I would like to begin by thanking you and the Committee for your unyielding support of the Drug Enforcement Administration (DEA) and to drug law enforcement as a whole. And also to thank you and the Committee for previous legislation that has given us the tools to carry out our mission.

DEA's primary mission is to enforce the controlled substance laws and to bring to justice those responsible for poisoning the citizens of this country, but I have long said this fight can not be won through law enforcement alone. There must be a "holistic " approach to a global problem. DEA has in place a five-year strategic plan, which addresses the problems posed by illicit drug availability and abuse and provides for a comprehensive balanced approach. There is no doubt that interdiction and enforcement, coupled with education, prevention and treatment, are the essential elements for reducing the supply and demand of illicit drugs in this country.

Many will argue that demand drives supply. But the equation is not quite that simple. I am the first to admit that I have very strong feelings in this regard. And I also know that I am not alone in my belief in strong law enforcement. 1 would like to take a moment to share with you, a quote from Johns Hopkins trained historian, Jill Jonnes. Ms. Jonnes has devoted many years of study to America's experience with drug abuse and reported her findings in the book, *Hep-Cats, Narcs, and Pipe Dreams*. She wrote "*the first and foremost factor that affacts the levels of drug use is availability. Drugs like opiates and cocaine are so seductive that supply creates demand.*"

What she learned through years of research is the same conclusion that virtually any drug enforcement agent has drawn through years of experience. To a very large degree, supply does drive demand. Where there are drugs, abuse and addicition always.

Colombian and Mexican-based traffickers used this concept of supply driving demand when they aggressively marketed low prive, high purity Colombian heroin during the mid-90s. Many people were drawn to herein use because this high purity heroin could be inhaled or snorted in a similar fashion as cocaine. Since they wee not using needles many were naive enough to think it would not become addictive. They found, however, that it was addictive and soon became traditional junkies. THis heroin had a profound impact on East Coast metropolitan areas where we observed an increase in heroin-related deaths.

Similarly, the club drug, Ecstasy is being *marketed* as the "Love Drug". The 2000 "Monitoring the Future Study" shows in 1999 and again in 2000, exstasy use among

10th and 12th graders rose sharply, bringing annual prevalence up to 5.4% among 10th graders and 8.2% among 12th fraders. This study also revealed use among 8th graders rose to 3.1%. Unscrupulous promoters are setting up parties known as "Raves" which are advertised as alcohol- free, but in reality are venues where Ecstasy and other club drugs such as GHB and Rohypnol can be easily purchased by *misinformed* teenagers.

Even if the well informed are less inclined to abouse drugs, the young people of our nation continue to be adversely affected by their mere presence in the drug trafficking arena. El Paso Intelligence Center (EPIC) statistics revealed that in 1999, 921 children were present at clandestine laboratory seizures. In 2000, this figure rose to 1,362. As you are aware, clandestine laboratory operators utilize hazardous and explosive chemicals, which put innocent children at great risk. As our most precious commodity, our children deserve every safeguard possible.

There is no single solution to the complex challenge we currently face in reducing drug abuse. This will take entire communities working together; realizing it is everyone's responsibility. I personally volunteer in the Boy Scouts of America's Explorer Program and in traditional Scouting. I see firsthand how dedicated prevention strategies can positively affect our youth. Parents, teachers, religious and community leaders as well as law enforcement officers have a role to play in our national drug prevention strategy.

Even though DEA is an enforcement agency we have a small but excellent Demand Reduction Program that focuses on drug prevention, education, and awareness. We have established a proactive program, which educates community leaders about current drug threats and provides information on prevention and perception as it relates to adolescent drug use.

In closing I would like to reiterate what I stated earlier in this testimony and on many other occasions. And that is my strong support for a "holistic" approach to the drug problem. This involves a partnership of enforcement, prevention, education and treatment. I also mentioned earlier that DEA's primary mission is enforcement. Education, prevention and treatment are long term solutions and law enforcement must remain a strong partner for this approach to have a positive impact.

I look forward to working with you and 107th Congress, as well as our new Administration, in minimizing this burden that has been placed on our society. Thank you.

Chairman HATCH. Thank you, Mr. Marshall.

Mr. Warner, we will turn to you.

STATEMENT OF PAUL M. WARNER, UNITED STATES ATTORNEY, DISTRICT OF UTAH, SALT LAKE CITY, UTAH

Mr. WARNER. Thank you, Mr. Chairman. Good morning, Mr. Chairman, Senator Leahy, and members of the Committee. I have the honor of being the United States Attorney for the District of Utah. I greatly appreciate the opportunity to testify before the Committee on the subject of prevention, education, and treatment in the area of drug abuse. My comments will be from a prosecutor's perspective who has been dedicated to enforcing the Nation's drug laws.

At the outset, I believe it is important to note that I am a prosecutor, not a social worker. I am also not a physician or a professional educator. These are not my areas of expertise and I claim none, as such. Nevertheless, I have been a prosecutor for a quarter of a century, working in the military, State and Federal systems. I do have a solid background in dealing with our Nation's drug problem from a criminal enforcement perspective.

I believe it is both fair and safe to say that we will never prosecute our Nation's drug problem out of existence. We have tried to do that since the 1960's and we have yet to succeed. Yet, I hasten to add that vigorous and aggressive criminal prosecution of illegal drug activity in our country should continue to remain as a cornerstone of our National drug control strategy and policy.

Legalization of drugs simply is not the answer and sends the wrong message. Nevertheless, my experience suggests that a multidisciplinary approach to our Nation's drug problem holds the greatest hope for success. This would include active and coordinated programs of prevention, education, and treatment, rehabilitation, and criminal enforcement.

While prevention, education, and treatment programs may be the carrot, criminal enforcement remains the stick. I believe both the carrot and the stick are necessary for an effective drug reduction program. This is the principle behind a very successful State drug court program that is operating in Salt Lake City. Drug-addicted individuals are given the opportunity of participating in education and treatment programs, but they know that if they fail to successfully participate in and complete such programs, the hammer of the criminal law sanction is hanging over their heads. The reality is that such an approach is often necessary to keep addicted people away from drugs long enough for them to overcome their problems.

Sadly, we regularly see repeat drug offenders in the criminal justice system. Mere incapacitation through incarceration only temporarily solves the problem. Recidivism rates are extremely high upon release from prison. Drug-addicted individuals often quickly return to drug use and find themselves back in the revolving door of the criminal justice system. Treatment and rehabilitation programs could significantly help in breaking this tragic cycle of drug abuse.

At the same time, I must caution that there are those in our country who are simply looking at the drug trade as a lucrative business. They sell their misery with no thought, safe it be for huge profits. For those individuals, lengthy prison sentences still make good sense.

Please keep in mind that most criminal investigative and prosecutive resources in our Nation go to the supply side of our country's drug problem. We are going after those who produce, provide, and traffic illegal drugs, for which there is seemingly an unending demand. Prevention, education, and treatment programs would go a long way toward reducing the demand for these illegal drugs. If we are going to effectively fight the drug problem in our Nation, it is my belief that both supply and demand must be attacked.

Many of us in the criminal justice system who have been around for a while have received letters and calls from people we have prosecuted for drug offenses. They write to thank us for putting them in prison. That may sound almost unbelievable, but they tell us that they probably would have been dead because of their drug abuse but for the treatment and rehabilitation programs they received while in prison.

Unfortunately, there are far too few of these quality programs to go around. Therefore, not everyone who goes to prison for drug-related crimes gets the help they need and they become part of the revolving door cycle I previously described. How much better and cheaper it would be to have quality education and prevention programs in our schools and elsewhere, hopefully stopping the problem before it ever gets started. Likewise, treatment options need to be provided to those already addicted.

In conclusion, Mr. Chairman, I have unfortunately seen far too many lives ruined by the scourge of illegal drugs. Many of those people could have greatly benefited from appropriate prevention, education, and treatment programs. It is my strong belief that integrating these programs into our National drug control strategy, while maintaining a vigilant and aggressive prosecution component, provides us with our greatest opportunity of success in fighting our Nation's drug problems.

Thank you, Mr. Chairman, and I would be pleased to answer questions at the appropriate time.

[The prepared statement of Mr. Warner follows:]

STATEMENT OF PAUL M. WARNER, UNITED STATES ATTORNEY FOR THE DISTRICT OF UTAH

Good morning, Mr. Chairman, Senator Leahy, and Members of the Committee. And thank you, Chairman Hatch, for that kind introduction. I have the honor of being the United States Attorney for the District of Utah, and I greatly appreciate the opportunity to testify before the Committee on the subject of prevention, education, and treatment in the area of drug abuse. My comments will be from a prosecutor's prospective who has been dedicated to enforcing the nation's drug laws. At the outset I believe it is important to note that I am a prosecutor, not a social worker. I am also not a physician or a professional educator. These are not my areas of expertise, and I claim none as such. Nevertheless, I have been a prosecutor for a quarter of a century, working in the military, state, and federal systems. I believe I do have a solid background in dealing with our nation's drug problem from a criminal enforcement perspective.

I believe it is both fair and safe to say that we will never prosecute our nation's drug problem out of existence. We have tried to do that since the 1960's, and we have yet to succeed. Yet, I hasten to add that vigorous and aggressive criminal prosecution of illegal drug activity in our country should continue to remain as a cornerstone of our national drug control strategy and policy. Legalization of drugs simply is not the answer and sends the wrong message. Nevertheless, my experience suggests that a multi-disciplinary approach to our nation's drug problem holds the greatest hope for success. This would include active and coordinated programs of prevention, education, treatment, rehabilitation, and criminal enforcement. While prevention, education, and treatment programs may be the carrot, criminal enforcement remains the stick.

I believe both the carrot and the stick are necessary for an effective drug reduction program. This is the principle behind a very successful state drug court program that is operating in Salt Lake City. Drug addicted individuals are given the opportunity of participating in education and treatment programs, but they know that if they fail to successfully participate and complete such programs, the hammer of the criminal law sanction is hanging over their heads. The reality is that such an approach is often necessary to keep addicted people away from drugs long enough for them to overcome their problems.

Sadly, we regularly see repeat drug offenders in the criminal justice system. Mere incapacitation through incarceration only temporarily solves the problem. Recidivism rates are extremely high upon release from prison. Drug addicted individuals often quickly return to drug use and find themselves back in the revolving door of the criminal justice system. Treatment and rehabilitation programs could significantly help in breaking this tragic cycle of drug abuse. At the same time, I must caution that there are those in our country who are simply looking at the drug trade as a lucrative business. They sell their misery with no thought save it be for huge profits. For those individuals, lengthy prison sentences still make good sense.

Please keep in mind that most criminal investigative and prosecutive resources in our nation go to the supply side of our country's drug problem. We are going after those who produce, provide, and traffic in illegal drugs, for which there is seemingly an unending demand. Prevention, education, and treatment programs would go a long way towards reducing the demand for these illegal drugs. If we are going to effectively fight the drug problem in our nation, it is my belief that both supply and demand must be attacked.

Many of us in the criminal justice system who have been around for a while have received letters and calls from people we have prosecuted for drug offenses. They write to thank us for putting them in prison. That may sound almost unbelievable.

But they tell us that they probably would have been dead because of their drug abuse, but for the treatment and rehabilitation programs they received while in prison. *Unfortunately, there are far too few of these quality programs to go around.* Therefore, not everyone who goes to prison for drug related crimes gets the help they need, and they become part of the revolving door cycle I previously described. How much better and cheaper it would be to have quality education and prevention programs in our schools and elsewhere, hopefully stopping the problem before it ever gets started. Likewise, more treatment options need to be provided to those already addicted.

In conclusion, Mr. Chairman, I have unfortunately seen too many lives ruined by the scourge of illegal drugs. Many of these people could have greatly benefitted from appropriate prevention, education, and treatment programs. It is my strong belief that integrating these programs into our national drug control strategy, while maintaining a vigilant and aggressive prosecution component, provides us with our greatest opportunity of success in fighting our nation's drug problems.

Thank you, Mr. Chairman. I would be pleased to answer any questions from the Committee at this time.

Chairman HATCH. Thank you, Mr. Warner.

Dr. Leshner, we are looking forward to hearing your testimony.

STATEMENT OF ALAN I. LESHNER, DIRECTOR, NATIONAL INSTITUTE ON DRUG ABUSE, NATIONAL INSTITUTES OF HEALTH, DEPARTMENT OF HEALTH AND HUMAN SERVICES, WASHINGTON, D.C.

Mr. LESHNER. Good morning, Mr. Chairman and members of the Committee. I am really delighted to be here and to have an opportunity to discuss how recent tremendous advances in science are beginning to bring us as a Nation to a more sophisticated and effective discussion about how to deal with drug abuse and addiction. I am particularly pleased to say that at last science, rather than ideology or intuition, is beginning to drive the national discourse on these issues.

NIDA's comprehensive research portfolio has brought us an array of impressive tools, both for prevention and for treatment. For example, there are a variety of studies that have shown us that drug addiction and treatment can be effective in reducing drug use by up to 60 percent, reducing criminal behavior by 40 percent or more, and reducing the spread of infectious disease.

Those kinds of findings and the mechanisms for implementing them are more and more being put to use and practice, and more and more being used to inform policy. As just one example, a very broad array of scientific findings is fueling the blending of public health and public safety approaches that is moving us toward developing more comprehensive strategies that I believe will more effectively help us deal with this problem throughout this country.

I would like to make a comment about treatment, in particular. I think it is very important for everyone to understand that treatments for addiction have been found to be just as effective as treatments for other chronic, relapsing diseases such as asthma, hypertension, and diabetes.

Comprehensive analysis was published in October in the prestigious Journal of the American Medical Association that made this case extremely well. When the investigators compared success rates, treatment compliance, dropout rates, and relapse rates among these illnesses, they found them all to be virtually the same for addiction as for these other disorders. Providing treatment for addicts is not only the right thing to do, but it also serves as a pre-

ventive measure for the public health and public safety consequences that so often accompany addiction.

Recognizing addiction as a chronic, relapsing disease of the brain emphasizes why not just anything called treatment will do. To truly reap the personal and societal benefits of treatment, it must be comprehensive and must attend to the whole person and not just the individual's drug use. Treatment must adhere to science-based principles, whether it is being delivered in a community setting or a criminal justice setting.

Continuous care opportunities across the recovery process is also crucial for success. This is particularly relevant in criminal justice settings. Studies in Delaware and elsewhere have found that treating drug users while they are under criminal justice control and providing treatment and other services as they transition to the community can reduce drug use and later recidivism to criminality by 50 to 70 percent. Importantly, if the after-care component is left out, the effects of treatment virtually disappear.

NIDA-supported research is not only helping us deal with already addicted individuals, but is also improving our ability to prevent the initial voluntary act of taking drugs. I won't take time now to go through an array of recent findings, but I think most people know that in 1997 we published the first-ever "Science-Based Guide to Drug Addiction and Treatment." And just in the short time since then, enough new findings about how to effectively prevent drug abuse and addiction have been generated. In August of this year we will hold the next major national research conference on prevention that will lead to the update of this very widely used set of guidelines.

I would like to say, however, that we do have an array of effective prevention programs in place. We do know how to do this, but we do have to adhere to science-based principles.

Without taking any longer—I see the red light—my written statement contains a long array of examples of how science is changing the national discourse and how it is giving us the tools by which we as a society can develop real-life practical solutions to reduce the devastating and costly effects caused by drug abuse and addiction for all Americans.

I thank you, Mr. Chairman.

[The prepared statement of Mr. Leshner follows:]

STATEMENT BY ALAN I. LESHNER, PH.D., DIRECTOR, NATIONAL INSTITUTE ON DRUG ABUSE, NATIONAL INSTITUTES OF HEALTH, DEPARTMENT OF HEALTH AND HUMAN SERVICES

Mr. Chairman, and Members of the Committee, it is a great pleasure to be here today to share with you what we have been learning from science about the nature of drug abuse and addiction, and their prevention and treatment. Scientific advances supported by the National Institute on Drug Abuse (NIDA) are coming at an extraordinary rate and are significantly influencing the way this Nation approaches drug abuse and addiction. We are seeing science, rather than ideology, intuition, or common sense, beginning to drive the national discourse on these issues.

As you and members of this Committee are well aware, drug abuse and addiction take a tremendous toll on our Nation and their consequences are pervasive throughout every aspect of society. Drug use is a major factor in crime and delinquency, and in some communities, drug use is now the major vector for the spread of HIV/AIDS, tuberculosis and hepatitis. The good news in this grim and extremely costly scenario is that scientific advances both in the laboratory and in the clinical setting are providing us with tools to slow the drain of drugs on society. For purposes of

today's discussion, my comments will be directed to all substances of abuse with the exception of alcohol, whose purview is that of another NIH Institute.

Research has brought us to the conclusions that drug abuse is a preventable behavior and that addiction is an eminently treatable disease. We have gained greater insight into why people use drugs in the first place. For example, we now know there are at least two major categories of drug users, and, importantly, they are clearly distinguishable. One group includes people who are simply novelty seekers, using drugs solely for their sensational effects. The second group is using drugs as if they are anti-anxiety or antidepressant substances, trying to compensate for untreated mental disorders like depression or for terrible living situations such as dysfunctional families. The prevention and treatment approaches directed at each group differ significantly. For individuals selfmedicating, for example, attention must be paid to the underlying mental disorder or emotional state, as well as to the substance of abuse. Similarly in prevention, messages must be developed that are targeted to the individual's motivation to use drugs.

We have learned in tremendous specificity the biological mechanisms by which drugs of abuse exert their psychoactive effects. Two decades of research have spelled out in great detail the brain mechanisms by which each drug of abuse changes mood, perception, or emotional state. Moreover, although each drug has its unique way of changing the brain, they all also share critical common characteristics. Virtually every drug of abuse, including nicotine, marijuana, cocaine, heroin, and methamphetamine, elevates levels of the neurotransmitter dopamine in the brain pathways that control the experience of pleasure.

Prolonged use of these drugs eventually changes the brain in fundamental and longlasting ways, explaining why people cannot just quit on their own, why treatment is essential. In effect, drugs of abuse take over, or "highjack" the brain's normal pleasure and motivational systems, moving drug use to the highest priority in the individual's motivational hierarchy, which overrides all other motivations and drives. These brain changes, then, are responsible for the compulsion to seek and use drugs that we have come to define as addiction. Moreover, these brain and behavioral changes persist long after the individual has stopped using drugs. As one example, just last week, researchers reported in the *American Journal of Psychiatry* that methamphetamine abusers who were drug-free for up to eleven months still had significant memory and coordination deficiencies that were directly tied to brain changes produced by their prior drug use. (SEE FIGURE I)

Findings like these not only increase our understanding of addiction but also help point us to even more effective new treatments. In fact, NIDA has already developed and brought to the clinic an array of both behavioral and pharmacological treatments for addiction and has demonstrated their effectiveness in clinical trials. Numerous studies have shown that addiction treatments are just as effective as those for other illnesses. One very important analysis recently published in the *Journal of the American Medical Association (JAMA*, October 4, 2000) clearly shows that addiction treatments work just as well as treatments for other chronic, relapsing illnesses such as asthma, hypertension, and diabetes. In this analysis, treatment compliance, drop-out rates, and relapse rates were similar for all four diseases. In short, addiction treatment success rates are comparable to those for other chronic illnesses.

Our research also shows that comprehensive treatments that focus on the whole individual, and not just on drug use, have the highest success rates. These programs provide a combination of behavioral treatments, medications, and other services, such as referral to medical, psychological, and social services. The array of services provided must be tailored to the needs of the individual patient.

Scientific discoveries are also fueling the development of more successful strategies to deal with addicted criminal offenders. The core phenomenon is that untreated addicted offenders have extremely high rates of post-release recidivism both to drug use and to criminality. However, providing science-based treatments while offenders are under criminal justice control can dramatically reduce recidivism, again both to drug use and to later crime. Thus, understanding addiction as a treatable, chronic illness has beneficial ramifications for our national drug control efforts. The blended public health/public safety approach of dealing with addicted offenders benefits not only the patient, but the family and community as well.

Perhaps the most visible example of the blending of public health and public safety approaches can be seen by the growing number of drug courts that have been established over the years. More than 600 drug courts, which mandate and arrange for treatment, monitor progress, and arrange for other necessary services as needed, are currently operating across the country. NIDA is currently supporting research that is looking at the effectiveness of some of the different drug court approaches that are being utilized.

To truly reap the benefits of this blended public health/public safety approach it is imperative that we adhere to science-based principles of effective drug treatment. Not just anything called treatment will do. For example, studies in states such as Delaware and New York have shown that comprehensive treatment of drug-addicted offenders, when coupled with treatment after release from prison, can reduce drug use by 50 to 70% when compared to those who are untreated. Treated offenders are also 50-60% less likely to end up back in prison. These findings hold true for at least four years after release. However, if the after-care component is left out, the effects of in-prison treatment are dramatically reduced. In addition, the treatment provided must be comprehensive. It must attend to all the needs of the individual and help return him or her to becoming a fully productive member of society. This means that a continuum of care is crucial for success, including offering treatment and services to individuals as they transition to the community. .

In the same way that we have developed and sent to the field general principles that define effective addiction treatment, we are now laying out the principles of effective corrections-based treatment which should be available within the year. In the interim, we recommend that the corrections systems use our widely acclaimed publication *Principles of Effective Drug Addiction Treatment* as a guide in developing and evaluating programs.

Research has also shown that drug addiction treatment programs that adhere to scientific principles benefit not only the patient and his immediate community, but the larger society as well. Besides reducing criminality, as I just mentioned, our studies have established that drug treatment reduces the spread of infectious diseases such as HIV and hepatitis C, and restores the ability of addicted individuals to be functioning, contributing members of society. Science-based treatments are also extremely cost effective, since they can save millions of dollars that would have been spent on the public health and safety consequences of drug abuse and addiction.

NIDA-supported science is not only helping us to deal with already addicted individuals, but is also steadily improving our ability to prevent the initiation of drug use. You may recall that in March 1997 we published the first-ever science-based guide to drug abuse prevention, *Preventing Drug Use Among Children and Adolescents*, that spelled out the principles that account for effective drug abuse prevention programs. Subsequent research has provided important details for effectively implementing those principles in diverse American communities and populations. Thus, we are currently updating the book to reflect new findings, and we plan to release it at our National Prevention Conference later this summer.

Advances in the prevention arena showing great promise to help prevent initial drug use are coming from researchers closely studying what makes people more susceptible or vulnerable to a potential drug problem. No single, unique factor determines which individuals will use drugs; rather, drug abuse appears to develop as the result of a variety of genetic, biological, emotional, cognitive, and social risk factors.

As researchers continue to identify risk and protective factors, the challenge becomes to understand how these factors interact to make individuals more or less vulnerable to not only initially trying drugs, but also abusing drugs and/or going on to become addicted to drugs.

As with treatment programs, tailoring prevention programs to an individual's needs is critical. For example, researchers who are specifically targeting programs to youth who may be more vulnerable to drug use are showing promising results. NIDA-supported scientists recently reported that they could reduce marijuana use among a targeted group of teens by focusing on their specific underlying emotional styles. We have learned that this kind of motivation-directed message targeting is critical to the success of prevention efforts. By developing and targeting prevention interventions such as public service announcements to specific teen personality-types who are sensation-seekers, researchers were able to reduce marijuana use by over 25%.

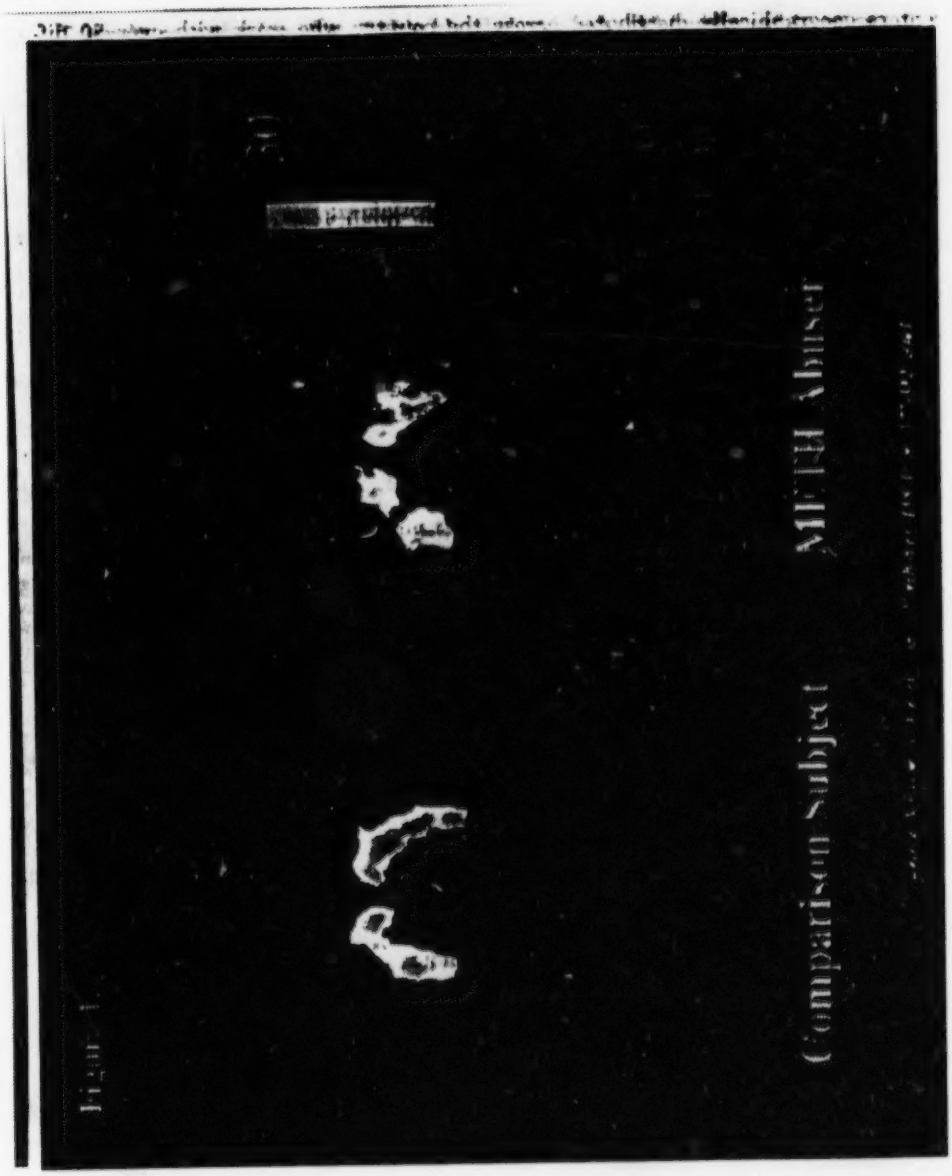
These research findings, which can help reduce the Nation's overall drug use, are being shared with the broadest audiences possible. NIDA has an aggressive media and education campaign to disseminate our research findings and to educate the public about what science is teaching us about addiction. One example of this can be seen in a recent outreach activity in which we developed and mailed a "NIDA Clinical Toolbox" to nearly 12,000 drug treatment programs around the country. The toolbox provides treatment professionals with a wealth of materials on new and effective approaches to help patients with drug-related problems.

Another example of how we are disseminating and sharing our research findings can be found in the way we have established our National Drug Abuse Treatment Clinical Trials Network (CTN). Through our CTN, which now consists of 14 research

centers geographically distributed across the country who work with over 80 different community treatment providers, we are able to rapidly disseminate new research findings. Each Center, working with its partner community treatment providers, has established specially designed clinical research training programs and clinical education programs for local treatment providers. Because of the scope of the CTN, NIDA is confident it has created the infrastructure and enthusiasm that will enable the quickest implementation of new therapies and intervention strategies possible across the entire Nation. This clinical trials network will be central to achieving our millennial goal of improving the quality of drug abuse treatment throughout the Nation using science as the vehicle.

I hope the examples I have provided in this statement demonstrate NIDA's commitment to having science replace ideology, intuition and common sense as the primary basis for our national discourse on drug abuse and addiction. The advances that continue to emerge from our research portfolio are providing us with renewed hope that we will be able to prevent initial drug use and have a full clinical toolbox of treatments to offer those who do become addicted.

Thank you for the opportunity to testify before this Committee. I will be happy to respond to any questions you may have.



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Chairman HATCH. Well, thank you, Dr. Leshner. We appreciate you being here.

I am going to turn to the Ranking Member first for any questions that he might have and then we will go to Senator DeWine.

Senator LEAHY. Thank you, Mr. Chairman.

Some of the questions I will submit for the record, but I would ask Mr. Marshall—and we are always delighted to have you here—do you think our drug problem could be overcome without an approach that includes drug education and prevention programs and drug treatment programs?

Mr. MARSHALL. No, I do not think it can be overcome without a holistic approach, and I have been very vocal on that. I think that if you count on law enforcement alone to solve the problem, you will not be successful. If you count on education, prevention, and treatment without the law enforcement element, similarly you will not be successful. A holistic approach is what we must have, and I am convinced deeply in my heart and soul that it will work and that we can have a substantial impact by doing a holistic approach to it.

Senator LEAHY. A quarter of a century ago when I was a prosecutor and the problem was nowhere near as acute as today, I felt that was the best way. And at least from what I have observed in those areas where that kind of a holistic approach has been taken, it has worked the best.

We will go into some of the law enforcement issues, but taking some of the drug treatment and education programs, what have you found to be the most effective?

Mr. MARSHALL. Well, I think there are a number of different things in education and treatment. You have to remember that education and demand reduction is only kind of a collateral part of DEA's mission.

DEA does a number of things. We try to go out to communities and educate community leaders and parents and coaches and drugs in the workplace, and we find that most of those programs are very effective. I believe that DEA's role there and law enforcement's role in treatment is really to work within the criminal justice system and present drug users into the criminal justice system so that, with the supervision of the criminal justice system, the treatment programs have a better chance of success.

Now, generally in the array of demand reduction and education and prevention programs that work, I am very fond of several. I think that the Boy Scouts of America has a very good program, and I think that the reason that that program is good is that it weaves drug abuse messages or demand reduction messages into a total character program.

Boys and Girls Clubs of America, I think, is a very effective program, and I think the reason for that is that it weaves the message into a number of other things such as after-school alternatives, adult mentors, and things of that sort. There are many programs out there that work, and I think that one of the other panelists, perhaps Dr. Leshner, made the point that there is no single education or prevention or treatment program that works for everyone. I think that many of these programs have to be tailored for a particular audience.

Senator LEAHY. You mentioned Dr. Leshner. Let me ask you, doctor—and you probably are as experienced in this issue as anybody who is apt to testify here. Let me ask you this question. If you have somebody who has a drug addiction, what are the odds of that person recovering from that drug addiction if they don't have any kind of formal treatment?

Mr. LESHNER. The odds are extremely poor. It is a myth that millions of people simply stop their drug use on their own once they have been addicted. In fact, in contrast to popular belief, between 3 and 7 percent of nicotine addicts who try to quit on their own in any 1 year succeed. So we know that because addiction is a chronic, relapsing brain disease, people can't just cut it out on their own. That is why we have to have effective treatment strategies.

Senator LEAHY. So somebody just doesn't suddenly wake up and say glory, alleluia, I want to make a better person of myself and walk out clean and sober?

Mr. LESHNER. That is absolutely correct, sir.

Senator LEAHY. Now, let's take one more step. Suppose you have somebody with a drug problem and whatever other problems that occur, and they end up being arrested, and they end up going to jail. So they have got this history of drug use, history of addiction, and maybe they are arrested for burglary, or maybe they are arrested for some crime which involves drugs or not. Whatever it is, they have a history of drug use and they have a history of addiction and they go to jail.

In your experience, does the day come when the warden says, OK, you have served your time, here is $20 for the bus trip, go and sin no more? Are they just going to be able to walk out or do they need some kind of a program to transition them back into society?

Mr. LESHNER. The best data are that untreated addicts, no matter how long they have been in prison, tend to recidivate; they tend to relapse. In fact, a best estimate is that somewhere over 80 percent of untreated addicted individuals within a year after release will go back to drug use, and 70 percent of those individuals will be re-arrested.

On the other hand, if you provide appropriate treatment, including after-care—if you provide appropriate treatment, you switch those numbers; that is to say that you can reduce the later drug use by over 70 percent of the individuals and you can, in fact, go from a 70-percent re-arrest rate to a 30-percent re-arrest rate. So from that point of view, the scientific data are absolutely fueling the blending of public health and public safety approaches.

Senator LEAHY. It seems to be a pretty good investment for society to have those after-incarceration treatment programs, then.

Mr. LESHNER. I think you need the entire continuum, yes, sir.

Senator LEAHY. I realize my time is up. But, Mr. Warner, I have often said that you have the best job in America, U.S. Attorneys do.

Mr. WARNER. I believe that is correct.

Senator LEAHY. I couldn't get appointed U.S. Attorney, the job I really wanted, so I had to go to the Senate.

Tell me this: Do you disagree with what either Mr. Marshall or Dr. Leshner have said?

Mr. WARNER. Not at all. My experience, of course, is not based on scientific study, but is more anecdotal just by virtue of seeing people come through our criminal justice system. We see the repeat offenders, as I indicated in my testimony. Those who don't have the treatment, those who don't have these programs that have been discussed, tend to recycle.

The distinction that I make, quite frankly, is that the motivator of the criminal justice sanction, that being incarceration motivating people not to want to commit crime, just doesn't seem to play the same way with an addict as it does with the rest of the people who are in the system. It is not sufficient in and of itself to prevent them from going back to their drug use.

Senator LEAHY. Thank you very much. Thank you, Mr. Chairman.

Chairman HATCH. Senator DeWine?

STATEMENT OF HON. MIKE DEWINE, A U.S. SENATOR FROM THE STATE OF OHIO

Senator DEWINE. Mr. Chairman, thank you very much. Let me first thank you for holding this hearing. All three members of the panel have stated, and I certainly believe, that when we deal with the drug problem in this country we must use a holistic approach because there is a synergistic relationship, between the law enforcement and treatment components of drug prevention. While the coercive effect of criminal sanctions do deter some people from drug use, for other, they don't work.

As we continue the ongoing debate about our national drug problem, we need to avoid arguing over whether or not we really need treatment versus education or law enforcement or whether we need interdiction prior to the drugs even getting into this country. We need to implement all four of those components, and we need to do so consistently.

The problem is consistency. Unfortunately, as Americans, we are a society seeking instant gratification and we want very fast results. Because of this impatience, we get bored sometimes with the battle that we are involved in. We call it a war but maybe we shouldn't because, as Americans, we normally think of wars as finite: we get in; we get out; we win; and we go home. On the contrary, the war on drugs is a long-term commitment that we have to make. We must continue the battle indefinitely.

So, Mr. Chairman, I thank you for holding this hearing. I thank the members of this panel, and I have read the testimony of the members of the other panel and appreciate their testimony very, very much.

Let me make one additional statement in regard to the necessity of a holistic approach. Anti-drug education has and should continue to be part of our comprehensive approach, but it must be implemented consistently. In the past, it has been inconsistent. Sometimes we do a good job, sometimes we don't.

The only national program that reaches our school children is the Safe and Drug-Free Schools Act. Sometimes this is the only program and provides the only money that is spent on education component to a holistic approach to drug prevention in our schools. I have been a critic of that program, and I hope a constructive critic,

because I think that while some schools are implementing the program advantageously, in some cases the schools are not doing a very good job.

Despite this, I think it is important, Mr. Chairman, as we debate the Education Bill on the floor shortly, that we strive to keep Federal dollars flowing to every school distinct in this country to develop anti-drug programs.

Having said that, we clearly also need to give them some assistance. Grant recipients need to be critical and implement only those programs that do, in fact, work. I believe that the education bill language that will be on the floor in the next several weeks addresses this concern and will improve our current program.

Let me be very candid. There are some people in Congress who are arguing we should totally abolish this program, Mr. Chairman, give the money to the states in block grants, and just hope and pray that the local schools use that money for anti-drug efforts. I think that such grants would be a mistake. We need to continue to earmark that money. However, we need to allow recipients more flexibility while at the same time giving them have more accountability, and ensuring that they are funding scientifically driven and programs so that we know how the programs work and what results to expect.

Now, having said that, let me just ask you, Dr. Leshner, one question in the brief time I have remaining. You have made a very interesting point regarding the success rate of drug treatment, which I believe is probably about as good as treating asthma, a problem that I am personally familiar with.

Maybe that is a little discouraging, but it is also inspiring to know that we can bring about results. We all know of people who, have succeeded in these programs and we all know of people who, time and again, have washed out and simply have not made it.

Let me ask you, with that premise, to analyze overall how we are doing in regard to drug treatment from two perspectives. First is the issue of availability for people who want to have drug treatment, who would get into a program, but cannot because of income, lack of resources, or availability of programs.

The second issue relates to quality of treatment for those who are in a program, what is your assessment—and if any of the other witnesses want to comment on this—what is your assessment of the quality of programs that do exist in this country? Where people are able to access programs, how good are those programs? What is the range? If you could, address these two issues separately.

Mr. LESHNER. There is no question that we have an array of extremely effective drug treatment programs in this country, and I can't give you a real proportion of those that are wonderful and those that are not. But just like any other health care system, the drug addiction treatment health care system varies in quality.

However, I will say that I am very struck that more and more treatment programs are adhering to science-based principles, and we as the source are constantly called upon. We published about a year ago the first-ever "Science-Based Guide to Drug Addiction and Treatment." I check the counters every morning—I am a little obsessional—and 160,000 people have downloaded this little booklet off our Web site, in addition to the 300,000 copies we sent out.

So there is no question that the tools are there and more and more people are using them. In addition to that, we recently established the National Drug Abuse Treatment Clinical Trials Network that is a diffusion mechanism to help diffuse science-based treatment into practice in the community.

So the answer to that question, sir, is we are doing well. We have a very good treatment system. The problem is always going to be the availability of good treatment. We estimate that about 5 million people need treatment in this country. Not all of them want treatment, obviously, but I think everyone agrees that there is a treatment gap and there is a tremendous need to bridge that treatment gap. You know, it is a value decision how close we can come to achieving that, but there is a substantial gap between those who need treatment and those who get treatment.

Senator DEWINE. And to take it down to the practicality and what Congress has to look at, what the public has to look at, and what the public demands, I think what I am hearing you say is, by and large, you think that the treatment money we are spending is pretty well spent.

Mr. LESHNER. This analysis in JAMA that came out in October was very impressive, and all the studies that have been done that look at treatment programs generically across the country tell us that we have not a perfect, of course, but we have an extremely effective drug addiction treatment system in this country. We, of course, need to monitor it. We, of course, can do better, just like any other illness, and we are working on it.

Senator DEWINE. My time is up. Thank you very much.

[The prepared statement of Senator DeWine follows:]

STATEMENT OF HON. MIKE DEWINE, A U.S. SENATOR FROM THE STATE OF OHIO

Mr. Chairman, thank you for holding this important hearing on our nation's anti-drug policy. In our continuous fight against illicit drugs in this country, it is becoming increasingly clear that we need a comprehensive anti-drug strategy-one that involves adequate treatment for addicts and the elimination of both the demand for and supply of drugs. To be effective, our drug control strategy needs to be a coordinated effort that directs resources and support among three key areas:

- (1) *Demand reduction*, which consists of prevention, treatment, and education programs. These are administered by all levels of government—federal, state, and local—as well as by non-profit and private organizations;
- (2) *Domestic law enforcement*, which again, has to be provided by all three levels of government; and
- (3) *International eradication and interdiction efforts*, which, unlike the first two, are the sole responsibility of the federal government.

To help build a national anti-drug policy that balances these elements, I have joined with you, Mr. Chairman, as well as Ranking Member Leahy and Senators Biden and Thurmond, to introduce the " Drug Abuse Education, Prevention, and Treatment Act of 2001." This bill is a comprehensive approach designed to balance drug supply and demand reduction by increasing resources for prevention and treatment.

It begins to address rapidly rising drug use in rural areas, where more accessible treatment is necessary.

It tackles the need for treatment in our jails and prisons, which would help reduce the societal costs of both addiction and crime.

And, among other things, it provides vital funding of for drug-free school programs that teach children early on about the dangers of drug use.

As you know, Mr. Chairman, more children today are using and experimenting with drugs—many, many more. A particularly disturbing story ran in the Cincinnati Enquirer (2/22/01) recently about teenage drug use. In the story, Vu Mai, a 17-year-old senior at Glen Este High School, explained how readily available drugs are to teens. " Pot is 'easy to get,'" he said. "'There are about five people I could go to."'

The sad fact is that when drugs are cheap and plentiful, kids buy them and kids use them. According to the "2000 Monitoring the Future Study," since 1992:

- Overall drug use among 10th graders has increased 53 percent;
- Marijuana and Hashish use among 10th graders has increased 88 percent;
- Heroin use among 10th graders has increased 83 percent; and
- Cocaine use among 10th graders has increased 109 percent.
- According to the National Center on Addiction and Substance Abuse (CASA) at Columbia University, individual states spend 113 times more to clean up the devastation of substance abuse and addiction among our children than on prevention and treatment.

Drug dealers are targeting children not just in our urban areas, but in rural America, as well. According Center on Addiction and Substance Abuse, eighth graders in rural America are:

- 83 percent likelier than those in urban centers to use crack cocaine;
- 50 percent likelier to use cocaine; and
- 34 percent likelier to smoke marijuana.

These statistics represent an assault on our children, on our families—and on the future of our country. To begin turning this tragic trend around, I recently reintroduced the "Safe and Drug-Free Schools Act of 2001." This program is the primary federal source of drug and violence prevention efforts in 97 percent of America's schools. Both the Safe and Drug-Free Schools bill and the Drug Education, Prevention, and Treatment bill provide states the resources and flexibility they need to target drug and violence prevention dollars where they are needed most.

Additionally, I want to thank Chairman Hatch and Ranking Member Leahy for including in the Drug Education, Prevention, and Treatment bill two important provisions which I included in last year's stalled Juvenile Justice bill. First, the bill incorporates a coordinated services component, which authorizes funds for existing Juvenile Justice and Delinquency and Prevention programs to encourage federal, state, and local agencies (including schools) and private children service providers to coordinate the delivery of mental health and/or substance abuse services to children at risk. Such grants will help leverage limited federal, state, and community-based adolescent services, which in turn, will help fill the large unmet need for adolescent mental health and substance abuse treatment.

Second, the Jail-Based Substance Abuse Treatment provision in the bill builds on what I proposed in the Juvenile Justice bill by authorizing $100 million in additional funding for residential substance abuse treatment programs, outpatient treatment programs, and aftercare treatment services in state and local prisons and jails.

Mr. Chairman, we need initiatives like these because drug use and drug abuse have become all too pervasive. Drugs are on our streets. They are in our schools. And, they are in the hands of our children. That's why we must get to our kids before the drug dealers do. We must get drugs out of our schools. We must prevent drugs from ever entering our country. And, we must restore balance to our national anti-drug policy.

I look forward to hearing from our witness today about the prevention, treatment, and education aspect of drug control.

Chairman HATCH. Thank you, Senator.

Senator Durbin?

STATEMENT OF HON. RICHARD J. DURBIN, A U.S. SENATOR FROM THE STATE OF ILLINOIS

Senator DURBIN. Thank you, Mr. Chairman. First, let me say that I want to commend you on this bill. I think that it addresses an aspect of this problem, which is often overlooked and discounted. I think it is a good bill. There are some sections that I may want to address with the Chairman to try to change in one way or the other, but I really think the import of the bill is positive.

In my home State of Illinois, in 1987, we had 500 people incarcerated in our State prison system for the possession of a thimbleful of cocaine. Today, we have 9,000. It has gone from 500 to 9,000. The average incarceration is a little less than a year for a drug crime in the Illinois prison system. There is no drug treatment for prisoners in the system.

The system obviously brings in addicts and releases addicts, but they are better-skilled addicts when they leave. They have picked up some criminal skills, they have made some contacts. They may be part of a gang. They go out a little better-versed, I guess, in being a successful addict, if you could use that terrible term. They go out looking for a fix and for a victim to finance the fix.

It strikes me as so short-sighted that we would spend over $20,000 a year to incarcerate them and turn them loose on society still addicted, still looking for another hit, looking for another victim to finance that hit.

One of the things which I have suggested, Mr. Chairman, and I hope I can convince you to add in this bill, is a residential treatment program for pregnant and post-partum women. I have found in my experience in traveling around my State and other cities that pregnant women who are addicted are the first people we should really try to bring into a safe atmosphere where they can go through rehab so that their babies are born healthy and that they have a chance to turn their lives around. In the city of Chicago, Haymarket House, Monsignor McDermott's House, has been exceedingly successful in this area.

I would also like to ask the members of the panel if they are familiar with the RAND study that was done talking about the effectiveness of drug treatment and rehab. Dr. Leshner, are you familiar with that?

Mr. LESHNER. I am. There have been an array of studies. The RAND study is one of them that I would argue actually emphasizes the kind of blended comprehensive approach; that is that included in any approach to dealing with the drug problem in this country has got to be attention to the health side of it. There has to be attention to prevention and daily treatment, and that RAND study demonstrated the cost-effectiveness of treatment.

I do want to say that there have been people who have interpreted that study as justification for pitting public health versus public safety approaches, and I believe that that is a serious mistake. Any approach, including the most dramatic public health approach, asks us to limit the availability of the virus. You know, it tells us to limit the availability of the agent. So I think my choice of how to interpret a study like that is to show that treatment is a very good investment.

Senator DURBIN. I think you have made a very important point because I think our first obligation as elected officials is to try to provide safe schools, safe neighborhoods, safe communities. That necessarily involves the work that is being done by law enforcement, by prosecution of criminals, and the incarceration of dangerous people away from our populations, people who are trying to live normal and happy lives.

But I think the RAND study and others suggest that perhaps we have not invested as much as we should on the treatment side. The figures I have been given suggest that the Federal investment in treatment services is about $3.1 billion a year, the Federal investment in enforcement about $9 billion a year. Not to take a penny away from enforcement, but to help them I would like to suggest we have to put more into treatment because if the RAND study is correct, these approaches using treatment are much more effective

in trying to rid our society of these addicts who go on to commit more crimes in support of their habits.

The RAND study found that for every additional dollar invested in substance abuse treatment, we save taxpayers $7.46 in societal cost. The same study found that additional domestic law enforcement costs 15 times as much as treatment to achieve the same reduction in societal cost. Not to take the money away from law enforcement, the point that you have made, but if we have an incremental dollar to be spent here, I think we should look at the most effective way to spend it for the taxpayers because this is clearly a scourge on our society.

Let me, if I can, address one other aspect that comes up. Our new Attorney General and this administration have talked about the issue of profiling and the obvious wrongdoing of some law enforcement agencies when it comes to the arrest and conviction of minorities in America. This is very graphic when it comes to drug crimes.

In my home State of Illinois, I am sad to report we have some terrible statistics in terms of the people who are incarcerated. Ninety percent of drug offenders admitted to State prisons in Illinois are African-Americans, the highest percentage in the country. While African-Americans make up 15 percent of Illinois' population, they constitute 65 percent of the prison population. At the Federal level, the figures are not as stark, but they are dramatic.

Could you address the issue of profiling and the enforcement of drug crimes in America? Mr. Warner, have you had any experience in this field?

Mr. WARNER. Senator, I guess my comments are anecdotal in nature based on just my experience. You know, I am fond of telling people I am an equal opportunity prosecutor. Obviously, we prosecute people that commit crime and we are kind of color-blind in that respect. Obviously, likewise, we prosecute those who are brought to us from the law enforcement agencies.

I think that profiling is an issue that is much broader than just the drug problem—

Senator DURBIN. It is.

Mr. WARNER.—although we certainly see it in that arena relative to highway stops and others, particularly where in Utah we have major freeways where drugs are being transported.

I suspect that profiling is an issue that needs to be focused on. The reality is, however, that many of the people that we see in Utah, as an example, that are involved in the trafficking have Latino-Hispanic backgrounds because some of the sources of our drugs are coming up from Mexico. In that sense, we sort of prosecute those who are bringing it.

Senator DURBIN. Can I ask Mr. Marshall from the DEA viewpoint if you have any comments on that? That will be my last question on the whole question of profiling and minority arrests in drug crimes.

Mr. MARSHALL. Senator, thank you. I want to say right from the start I have been very outspoken in public appearances and internally within my agency and in all of our interactions with State and local law enforcement agencies on this issue of racial profiling. Racial profiling certainly is unethical, it is wrong, it is immoral,

and it is illegal. On top of that, it is not good investigative technique. What we need to do in law enforcement, and what I think by and large we do in law enforcement is we target criminals, not ethnic groups.

Now, having said all of that, I want to kind of reiterate what U.S. Attorney Warner said about the origins of the drug trade. It is a fact that many of our drugs originate in places like Colombia, Peru, Bolivia, with transit countries being through Mexico, the Dominican Republic, Haiti, and those kinds of places. So I think that that in some way accounts for the high number perhaps of Latino arrestees for drug trafficking.

But I always caution people in the drug investigations arena and in the highway interdiction arena that in addition to being unethical and immoral, if an officer does, in fact, focus on ethnic groups instead of targeting criminals, they are giving up a very good investigative tool because we see time and time and time again that the Mexico-based organizations, the Colombia-based organizations, the Nigerian-based organizations don't limit themselves to using any particular racial or ethnic or gender group as drug couriers or money couriers.

For instance, we had a major investigation a couple of years ago where a Mexico-based organization was using white middle-aged male truck drivers, 18-wheelers, as their couriers. So to focus on ethnic groups and racial groups is wrong, immoral, illegal, and bad police technique. I try to spread that message wherever I go.

Senator DURBIN. Thank you. Thanks, Mr. Chairman.

Chairman HATCH. Thank you, Senator.

Dr. Leshner, I know you have got to leave so I would like to ask one or two questions of you before you do leave.

In 1987, Dr. David Hamburg spoke at the annual meeting of the National Academy of Sciences' Institute of Medicine. Dr. Hamburg, of course, is the greatly esteemed former president of the Institute of Medicine, as well as being the former president of the Rockefeller Foundation. At the 1987 meeting, he challenged his peers in the Nation's research established to give greater priority to conducting research into drug abuse, both the biological and behavioral elements.

Now, let me just ask you this: Are we getting the best and the brightest in the scientific community to pursue drug abuse research?

Mr. LESHNER. I have to say that particularly in the last 5 years we have seen a phenomenal increase in interest and activity in the scientific community. Drug addiction research is now the hottest area of neuroscience research.

Chairman HATCH. So you are getting the best and the brightest?

Mr. LESHNER. Absolutely, we are.

Chairman HATCH. Are you getting a fair share of the research pie at NIDA, at the National Institute on Drug Abuse?

Mr. LESHNER. I have to be careful because my bosses think that I never think we get enough, no matter how much we get.

Chairman HATCH. Well, I have to agree with you. I don't think you get enough either.

Mr. LESHNER. Thank you, sir. I can tell you that we have had very strong bipartisan support, particularly from the Senate and from the House. Could we use more? Of course.

Chairman HATCH. Well, let me just ask you one last question.

I have other questions I will submit in writing to all three of you, and to the other witnesses as well.

Former Secretary of Health, Education and Welfare, now HHS, Joseph A. Califano, Jr., said that, quote, "In research, we need a national institute on addiction that combines the current fragmented institutes on drug abuse, illegal drugs and nicotine, and alcohol abuse and alcoholism. Such a combination would strengthen our research efforts and provide a better return for our tax dollars."

Do you agree with that comment?

Mr. LESHNER. Well, my Institute supports every drug of abuse, legal and illegal, with the exception of a primary focus on alcohol. When it is poly drug abuse, we do study alcohol and we do work closely with the National Institute on Alcohol Abuse and Alcoholism.

Chairman HATCH. So you feel that NIDA and SAMHSA are perfectly capable of taking care of these problems and doing the research that is necessary?

Mr. LESHNER. I think there is no question that NIH is doing an outstanding job of dealing with the research on these problems.

Chairman HATCH. You take time and think it through, look at this bill and give the Committee any suggestions that you might have as to how we might improve this bill, how we might give you more tools and more emphasis and more help to do your job there so that you can convince Mr. Califano and others who are deep thinkers in this area that what we have can be beefed up and made better, and let's see what we can do to help you.

Mr. LESHNER. Thank you, sir, I appreciate it.

Chairman HATCH. Would you do that for us?

Mr. LESHNER. Absolutely.

Chairman HATCH. We would like you to do it real soon because we are going to move this bill, if we can, and that is what we would like to do.

Mr. LESHNER. Yes, sir.

Chairman HATCH. We will excuse you, Dr. Leshner. We know you have to leave.

Mr. LESHNER. Thank you. I apologize to the Committee.

Chairman HATCH. We understand, and we will excuse you at this time.

To the other two witnesses who are here, before you leave I would like to ask this question. A recent study funded by the Robert Wood Johnson Foundation indicates that drug use, alcohol consumption, and smoking costs the United States more than $400 billion a year in health care claims, lost productivity, and criminal justice expenses.

These findings echo a report recently released by the National Center on Addiction and Substance Abuse at Columbia University in 1998 which found that the States spent $81.3 billion, fully 13.1 percent of total State spending, on substance abuse and addiction.

Especially distressing to me are statistics showing that young people are becoming less aware of the risks of drug abuse, and that

they are increasingly using designer drugs such as ecstasy under the illusion that such drugs are not harmful or addictive.

What is the DEA and the U.S. Attorney's office doing to spread the word that these drugs are, in fact, quite harmful? We will start with you, Mr. Marshall. Be very quick because I have got to make a vote.

Mr. MARSHALL. Senator, DEA is doing a lot. We work a lot with police groups and we try to capitalize on their ability to get the word out in the community. We try to work with community coalitions. We work with CADCA, we work with the Partnership for a Drug-Free America.

One of our most unique programs, however, is that we have a program called the Mobile Enforcement Teams, where we go in and from a law enforcement perspective we focus on drug crime in a community. We have a follow-up MET II program, which is a demand reduction and education type program. After we clean the violent drug criminals off of the streets of a particular community, we go in and we work with community leaders.

We work with clergy, we work with professional groups. We work with the mayors, the elected officials, the business community, and we try to help them find resources and show them how to marshal their community's resources to keep that community drug-free once we have made the initial sweep to try to get the criminal element out of there.

We do a lot more, Senator, but in the interests of time I will supplement that in writing.

Chairman HATCH. Thank you, Mr. Marshall.

I was going to ask you to comment, too, Mr. Warner, but let me ask you this question. The movie "Traffic" is a very troubling movie. I don't bring it up because I had a small cameo part in it, for which I have been chewed up a little bit. But on the other hand, to be honest with you, I have watched that movie twice and other than the profanity in that movie, that movie is a pretty profound movie.

Personally, as parents, if we had teenage children, if we were concerned about their getting involved in drugs, I think I would take them to see that movie because I have had kids come out of there and say "I will never touch another drug," because they see the real depths of degradation, and that movie depicts it about as well as I have ever seen. I mean, it is worthy of the Academy Award nominations it has received.

Mr. Warner, that movie depicts law enforcement officers and prosecutors as brave public servants in a largely futile effort to stop the flow of drugs into this country.

I will have both of you answer this. Many have seized upon this to say we cannot win this war. What do you think?

Mr. WARNER. Well, with all due respect to the movie, Senator, I don't believe it is a futile effort. I certainly believe that it can be discouraging; it has been discouraging at times. But the point has been made here time and again today in a variety of ways that a continuing, aggressive, vigorous enforcement component to this effort is absolutely necessary.

I think what we have all learned, however, is that we have to attack both supply and demand, and this has been stated in a vari-

ety of ways today. My belief is that we continue to aggressively attack the supply side through criminal enforcement. That is absolutely essential. It is the right message. It is the right thing to do, in my opinion. I think that, quite frankly, it is essential if we are going to get on top of the problem.

It is not enough to merely treat the addict because we have to remember, as I suggested in my earlier testimony, that there are those who are in the drug trade as a business; they are there to make big money. If those people go unchecked and if they aren't aggressively pursued and if they aren't prosecuted and incarcerated, the demand continues to exist with unabated supply.

Chairman HATCH. Mr. Marshall?

Mr. MARSHALL. Senator, yes, I thought it was a very realistic movie, and I thought that it did a wonderful job of framing many of the issues about the drug problem. It did, in fact, portray law enforcement in a very heroic light, and I want to comment that I am forever grateful, and the American people should be grateful to our law enforcement people, particularly the courageous men and women who work for me in the Drug Enforcement Administration, but law enforcement in general. I think it did a very good job of portraying that. I think it did a very good job of framing many of the issues.

I took my own 15-year-old and 16-year-old sons to see this movie, and they had a similar reaction. They said that they didn't really realize how vulgar and how gritty and how violent the drug world was, and the consequences that drug abuse has for young people.

Chairman HATCH. Even as children of the leader of the Drug Enforcement Administration?

Mr. MARSHALL. They commented that, "Dad, we know more about it than most people because of your job," but they were very impressed. I was troubled, though, by a couple of aspects in the movie. I was struck by the Michael Douglas character's exit speech from the drug czar job where he said if this is a war on drugs, many of our family members are the enemy.

That troubles me a great deal because it implied that drug law enforcement is waging war on our families. And there could be nothing farther from the truth. Who is waging war on our families are the ruthless and predatory drug trafficking organizations that market their poisons to weak and vulnerable people and young people who don't have the tools to make intelligent decisions. In fact, those are the people who are waging wars against our families, and American law enforcement is hopefully waging a good fight against those drug traffickers and seeing that they in some way are held accountable to the American people for their ruthless and predatory practices against our families.

The other thing that troubled me was the portrayal—and I don't want you to misinterpret this as an anti-treatment statement, but it portrayed treatment as the only solution. The movie, I think, left the message that we should give up on law enforcement and go into treatment as the sole solution.

As I have mentioned throughout my testimony, that is the absolute wrong thing to do. We must do law enforcement, education, prevention, and treatment in tandem. If we do that, we can have a measurable and significant and lasting impact on this problem.

Chairman HATCH. Compared to the 1970's, we actually are winning this war, but we have a long way to go still. I think your testimony has been very good, both of you.

Stephen Gaghan, the screenwriter of "Traffic," hoped to be here today, but he wasn't able to be. He has informed the Committee that he will be submitting written testimony. Perhaps at a future hearing, we will have him testify.

I am going to recess for a few minutes so I can go and vote. When we come back, Carroll O'Connor, who has a lot of experience in this area and for whom I have a lot of respect, is going to be one of our witnesses, and we have some other excellent witnesses on our second panel.

I think this first panel has been great, and I want to thank you both for being here.

I will put Senator Kyl's statement in the record.

[The prepared statement of Senator Kyl follows:]

STATEMENT OF HON. JON KYL, A U.S. SENATOR FROM THE STATE OF ARIZONA

Mr. Chairman, I would like to thank you for holding this important hearing.

I would also like to thank all the witnesses who are here to share their personal experiences and expertise on drug treatment, education and prevention. I especially would like to recognize Mr. Donnie Marshall and the excellent work of his agency, the DEA, in fighting drugs, especially with regard to methamphetamine.

The subject of today's hearing is particularly important to me, because of the proliferation of drug activity in my home state of Arizona.

Arizona has been described as being one the nation's "hot drug corridors."

- Last seek, the DEA and U.S. Customs agents discovered a second drug tunnel in three days in an Arizona border community. The agents seized 2,200 lbs. of marijuana and 600 lbs. of cocaine.
- Earlier this year, Phoenix police discovered guns, 48.5 lbs of meth and 794 lbs. of marijuana in a drug major bust.
- Last year, law enforcement (U.S. Customs and Phoenix Police) arrested the infamous "Sammy the Bull" Gravano for running the largest ecstacy ring in the history of Arizona. Officers seized 20,000 ecstacy pills and indicted 52 individuals.

This hearing is also important to highlight the disturbing trend of youth drug abuse.

Approximately half of Arizona public high school students have used illicit drugs in their lifetime, according to the ONDCP. Moreover, 5,000 Arizona juveniles were arrested for drug violations in 1999.

I hope this hearing will help us find solutions to the growing problem of illicit drugs in our communities. Education, prevention, and treatment are all important parts of that solution.

To that end, I want to conclude my remarks by sharing a success story in the area of treatment.

The Treatment Assessment Screening Center (TASC) is a private, non-profit organization in Phoenix that provides education and treatment alternatives to people who are arrested for recreational drug use.

- Drug offenders who participated in the TASC program reduced their recidivism rate from 54% to 22%.

This encouraging statistic shows that treatment can be an effective tool in addressing the drug problem. I look forward to hearing more success stories and testimonials during today's hearing.

Chairman HATCH. With that, we will recess until I can get back from this next vote.

[The Committee stood in recess from 11:19 a.m. to 11:35 a.m.]

Chairman HATCH. We are happy to begin the second part of this hearing on treatment, education, and prevention, and I am pleased to introduce our second panel of witnesses. This panel is going to discuss the importance of drug prevention and treatment programs

in our communities, and how each of their lives have been affected by drug abuse.

Our first witness is Dr. Robert DuPont. Dr. DuPont was the first Director of the National Institute on Drug Abuse. He also served as the White House drug czar in both the Nixon and Ford administrations. Currently, Dr. DuPont is President of the Institute for Behavior and Health, and a clinical professor of psychiatry at Georgetown University. We are fortunate to have the benefit of someone with the breadth of experience and knowledge that Dr. DuPont can bring to this hearing and this topic.

Our second witness is Ms. Edyie Hewitt. Ms. Hewitt is the former Director of the Vermont Federation of Families for Children's Mental Health. Ms. Hewitt has a lengthy and impressive record in the area of drug education and treatment, particularly with respect to children and parenting. So we are very glad to have you with us.

Next, we will hear from Mr. Jim Walton. Mr. Walton is Commissioner of the Department of Public Safety in Waterbury, Vermont. In that position, Mr. Walton has developed important insights into drug addiction and its impact on our communities.

In addition, we have Ms. Debra Walcott. Ms. Walcott is nearing completion of an 18-month drug treatment program at the Phoenix House in New York. Ms. Walcott began using illegal drugs at an early age, which eventually contributed to her arrest and conviction on criminal charges. She was offered drug treatment as an alternative to jail, an opportunity that she appears to have made the most of, and we are very proud of you for that. So we welcome you and we thank you for being willing to come and testify today and to help us to understand this issue better than we do.

Finally, an old friend testifying by remote television link is Mr. Carroll O'Connor. Mr. O'Connor is a well-respected actor, one of the truly great ones, best known for his role as Archie Bunker in the television series "All in the Family."

I want you to know, Carroll, that Elaine and I watch those repeats all the time and we just howl all the way through.

Mr. O'CONNOR. Good.

Senator LEAHY. I might say, Mr. Chairman, you can't avoid watching those repeats. They are on about every hour on the hour.

Chairman HATCH. You must get a lot of residuals there, I tell you.

In 1995, Mr. O'Connor's son Hugh killed himself after a long battle with substance abuse. That was a great tragedy in the lives of those who knew Hugh. Since that time, Mr. O'Connor has been a tireless advocate, raising public awareness regarding the societal costs of drug addiction.

So I would like to welcome each of you here this morning.

Senator BIDEN. Mr. Chairman?

Chairman HATCH. Senator Biden?

Senator BIDEN. May I ask unanimous consent that my opening statement be placed in the record as if read, and apologize to the first panel for not being here at this very important hearing, but I am happy to be here now and I am glad we are focusing on treatment, which we have been arguing over in some of these reports over the past 15 years works.

I thank the Chair and will put my statement in the record.

Chairman HATCH. We will do that, without objection, and make the comment that Senator Biden has worked with all of us through the years to help us to understand this issue better. He is one of the true authorities on the Committee and we appreciate the work that he has done, along with others on this Committee.

[The prepared statement of Senator Biden follows:]

STATEMENT OF HON. JOSEPH R. BIDEN, JR., A U.S. SENATOR FROM THE STATE OF DELAWARE

Mr. Chairman, I want to thank you for calling this hearing on substance abuse, one of our nation's most pervasive problems. We have worked together through the years on drug treatment, prevention and enforcement, and I am glad to be working with you again on the Drug Abuse Education, Prevention and Treatment Act to invest $900 million a year in demand reduction programs.

We have nearly 15 million drug users in this country, four million of whom are hard-core addicts. We all know someone—a family member, neighbor, colleague, or friend—who has become addicted to drugs or alcohol.

Abuse of illicit drugs and alcohol has far reaching consequences, causing or exacerbating many—if not most—of our social ills. Substance abuse is public safety problem, a public health problem, and a public expenditure problem.

There is an undeniable correlation between substance abuse and crime—80 percent of the two million men and women behind bars today have a history of drug and alcohol abuse or addiction or were arrested for a drug-related crime.

Illegal drugs are responsible for thousands of deaths each year, and they fuel the spread of a number of communicable diseases, including AIDS and Hepatitis C, as well as some of our worst social problems, including child abuse, domestic violence, and sexual assault.

We all pay the price for this—drug abuse and addiction cost this nation $110 billion in law enforcement and other criminal justice expenses, medical bills, lost earnings and other costs each year.

The bottom line is: substance abuse is a problem that we simply cannot afford to ignore.

We tend to stereotype drug abuse as an urban problem, but the steadily growing number of heroin and methamphetamine addicts in rural villages and suburban towns shows that this is simply not the case. The reality is that addiction is a disease that does not discriminate by neighborhood, age, gender, socio-economic status, race, or creed.

Drugs are in nearly every town and schoolyard in this country. And I'm not just talking about marijuana—I'm talking about incredibly pure heroin; a benign-looking little pill called Ecstasy that can damage regions of the brain responsible for thought and memory; and methamphetamine, a drug which is made from hazardous chemicals including battery acid, lye, ammonia gas, and hydrochloric acid.

Every year since 1989, I have issued reports calling for a three-pronged approach to the drug problem: enforcement, prevention, and treatment. We have certainly made some headway and have clearly shown our commitment to dealing with the problem, but in my opinion, treatment and prevention always get the short end of the stick.

The Drug Abuse Education, Prevention and Treatment Act invests nearly $900 million a year—nearly $625 million for drug treatment and nearly $250 million for prevention programs—to bolster demand reduction efforts and reduce the criminal justice, health care, and human costs associated with substance abuse.

Let me just highlight a few of the key provisions in the bill.

This legislation provides funding to treat prisoners before release so they do not return to our streets with the same addiction problem that got them into trouble in the first place. This is not "soft"; it is smart crime prevention policy as the Key and Crest programs in Delaware have shown—because drug addicts commit somewhere between 89 and 191 crimes per year to sustain their habits.

The bill also provides funding for drug treatment in rural and economically depressed areas because the latest research shows that kids in rural areas are more likely than kids in large urban areas to use certain kinds of drugs, including methamphetamine and cocaine. The bill also addresses the critical need for adolescent drug treatment by providing an additional $150 million a year to treat some of the 1.2 million kids who need drug treatment but are not getting it.

And, recognizing that if someone gets through age 21 without smoking, abusing alcohol, or using drugs, they are unlikely ever to have a substance abuse problem, we provide $225 million a year for prevention programs in this bill.

I know we are on the right track because all the right people have endorsed the bill, including Joe Califano, whose organization is responsible for cutting-edge research on the societal impact of substance abuse and addiction; Dr. Herb Kleber, the first Director of Demand Reduction in the Drug Czar's office and one of the nation's leading experts on drug treatment; and Dr. Robert Dupont, who is with us today and has been at the forefront of this issue since the Nixon Administration.

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Law enforcement understands that treatment and prevention are key. That is why this bill has the support of the Fraternal Order of Police, the National Sheriff's Association, the National District Attorney's Association, and the National Crime Prevention Council. And the bill also has the support of the people who are out there running prevention programs—the Boys and Girls Clubs, the DARE program, and the Community Anti-Drug Coalitions of America.

Mr. Chairman, I want to take a minute to address a critical issue. People sometimes ask me why we are spending more money on drug treatment when it "doesn't work"? Let me make it clear—drug treatment does work. Drug addiction is a chronic relapsing disease. And as with other chronic relapsing diseases—such as diabetes, hypertension and asthma—there is no cure, although a number of treatments can effectively control the disease.

According to an article published in the *Journal of the American Medical Association in October*, the rate of adherence to the treatment program and the relapse rate are similar for drug addiction and other chronic diseases -meaning that treatment for addiction works just as well as treatment for other chronic relapsing diseases.

Many of the programs that we pass off as treatment in this country—like 28-day programs are nothing more than extended detox sessions. Studies show that the longer an addict spends in treatment, the greater the chances that the treatment will be successful. That means at least several months in treatment; anything less is setting the patient up for failure.

Sadly, only two million of the estimated five million people who need drug treatment are receiving it.

That is why it is so important that the Drug Abuse Education, Prevention and Treatment Act takes steps to close this "treatment gap" by targeting drug treatment to rural and economically depressed areas, funding adolescent treatment and residential treatment centers for women with children, and increasing funding for the National Institute on Drug Abuse—whose brilliant scientists conduct 85 percent of the world's research on drug abuse—to conduct clinical trials on new treatments for addiction.

Mr. Chairman, I believe that we have crafted a good piece of legislation. Strong treatment and prevention programs are a vital part of a comprehensive drug strategy. Forestalling drug abuse and treating it when it occurs are sensible policies: they save money, prevent crime, and spare lives.

I look forward to hearing from our witnesses this morning.

Chairman HATCH. We will start with you, Mr. O'Connor. We really appreciate your being here and we appreciate your being willing to testify, and we look forward to hearing your testimony at this time.

STATEMENT OF CARROLL O'CONNOR, ACTOR AND DRUG PREVENTION AND TREATMENT ADVOCATE, LOS ANGELES, CALIFORNIA

Mr. O'CONNOR. Thank you, Senator. I am honored by your invitation to be here. I am deeply involved in our war on drugs, but only as a wounded victim of it, without expertise in the conduct of it. I am presuming here simply to speak for 5 million other victims, or should I say 10 million? Is there a true number? We only know that there is hardly a family in America on any level of life that

has not been wounded slightly or severely or fatally by the assault of the drug empire upon our country.

The loved ones of insensate addicts like my own poor son write to me everyday imploring my help, as if I being well-known might persuade our leaders to protect and defend them in this war, or at the very least help them care for their wounded and dying.

This Committee by this legislation is now directing serious attention to the care of the wounded and dying. This is a good bill. This war against the drug empire is a good war, and except for some who call it a lost war who would legalize drugs and turn the country over to the invader, the American people are not clamoring to withdraw from this war. This war is raging in the streets around them.

They tell me in their letters that they don't understand why we are not fighting this war and winning it. They understand that they are spending billions to raise blockades and sanctions against so-called enemy countries like Libya and Cuba, and to fly bomber patrols over Iraq to prevent the Iraqis from making chemical weapons to use against us.

But they know that the only country in the world attacking us daily with the poisons it makes is Colombia, the key country in the drug empire; Colombia which says to us "control your own deadly habits, we don't create them, we merely supply them. Meanwhile, can you let us have $2 billion and some American troops to deal with our rebels down here?"

If this is an unsophisticated picture of our foreign relations, it is nevertheless starkly real to our despairing people. The picture might better be presented to some other Committee of the Congress, but it is impossible to leave it out of any consideration of the drug war.

I cannot guess how many of our people will receive the proposals advanced by this good legislation, and I am afraid that the expenditures here proposed for treatment and rehabilitation are not going to be enough by half. I would have said that we needed new, free rehabilitation centers in all of the major counties of our 50 States. How many, 200, 300? At what cost? Perhaps $1 billion—that is a low guess—just to start the program.

Addicts cannot help themselves. They have to learn control, to re-regulate brain cells in expert medical facilities, places with living facilities closely available that will receive them without delay when they are ready to offer themselves.

Our people are not ungenerous, but they are not well informed. Care and rehabilitation of thousands and thousands of junkies is not something they are ready to pay for on a grand scale. But that must be done, and now when we are at the flood tide of our National wealth is the only possible time to do it.

Thank you.

[The prepared statement of Mr. O'Connor follows:]

STATEMENT OF CARROLL O'CONNOR

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wounded lightly or severely or fatally by the assault of the drug empire upon our country.

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Chairman HATCH. Well, thank you, Mr. O'Connor. We really appreciate your taking time to do this for us, and you understand the true depths of difficulty that come from the drug culture and we are just very grateful to you. This is the second time that I remember having you before the Committee and we are just very pleased to have you here.

Mr. O'CONNOR. Thank you, sir.

Chairman HATCH. Thank you.

We will turn to Dr. Robert DuPont, then, at this time and we will take your testimony.

STATEMENT OF ROBERT DUPONT, M.D., FORMER DIRECTOR, NATIONAL INSTITUTE ON DRUG ABUSE, FORMER WHITE HOUSE DRUG CZAR, AND PRESIDENT, INSTITUTE FOR BEHAVIOR AND HEALTH, INC., WASHINGTON, D.C.

Dr. DUPONT. Thank you, Senator. It is my privilege to be here. I am very grateful for this opportunity. My first appearance before a Senate Committee occurred 32 years ago, before Senator Thomas Dodd, and I have spent the last 33 years, 1 year before that, in the field of drug abuse prevention.

The single concept that I have organized my whole career around has been demand reduction, the use of prevention and treatment to reduce the number of drug users and their use of drugs, and also the money that is spent on drugs.

I am one of ten former White House drug czars, and I am proud to say I am the only one who has a daughter named Caroline. I think about this movie "Traffic" about a drug czar with a daughter Caroline. My daughter was 5 at the time that I was the drug czar and she takes some exception to the characterization in that movie of a drug czar's daughter by the name of Caroline.

In any event, one of the hallmarks of today's debates about drug policy is the argument that we have failed in our current policy. I would like to call the attention of the Committee to two simple, basic statistics about where we are.

The first is that in terms of the number of illicit drug users, that number peaked in this country in 1979, at 25 million. The current number is just under 15 million. That is a 40-percent reduction. For someone to say we have failed in our balanced efforts—it strikes me they have to deal with the fact that you have got a 40-percent reduction.

Then if you look at the money spent, the money spent by illicit drug users since 1988 has decreased 46 percent, from $115 billion to $62 billion. How many other problems have we had in the United States that have declined by those kinds of numbers and are still called a failure? I think that is a very big question to me.

My own drug czar experience was under the Nixon and Ford administrations, and you will recall that it was under the Nixon administration for the first time that treatment became a part of the Federal strategy. And that was the highest level of treatment; it was about 40 percent of all money spent, and it has been called the Camelot era. But people don't realize you don't spend percentage, you spend dollars. The total amount of dollars spent in those years was less than $1 billion, so it was $400 million spent on treatment. Now, it is $3.1 billion, so the treatment money has gone way up compared to what it was in that time.

I would just like to end my remarks with two points. One is to wholeheartedly support S. 304. I think it is right in terms of the content. It is a sophisticated response that is comprehensive and I support it completely. But even more than the issue of the content is the message that it sends, and it sends a message that is very important at this time in drug policy about the priority given to demand reduction. That is very important about this.

Then, finally, there are two areas where significant demand reduction can be achieved way beyond what we have achieved so far, and I would like to call the Committee's attention to these two areas for future hearings and interest.

The first is almost all drug use begins during the teenage years, 12 to 20. What we need is a national effort to identify young people who are using drugs that are illegal, including tobacco and alcohol, and to create consequences that will convince them not to use. The fact that that use goes on unrecognized and without consequences during the teenage years is a failure not of youth in America, but of adult stewardship. And I am talking about widespread use of testing, linked to consequences that are not punitive, but are consequential and that would educate and inform and convince young people not to use.

The second suggestion I have is the criminal justice system contains the heaviest consumers of illegal drugs. There should be a na-

tional effort to test every single person out in the community from the criminal justice system for illicit drug use and escalating consequences for continued drug use as a condition of release.

Those two ideas would do more to reduce demand for drugs than anything else we might think of, I believe, and the first has to do with initiation, has to do with the people coming into the drug problem, and blocking that, stopping that, because once a young person gets to be 20, the odds of starting drug use at that point are very, very low and falling rapidly. The other approach is the biggest consumers of drugs are in the criminal justice system and making sure that that group of people does not use illicit drugs while they are released in the community.

Thank you very much, sir.

Chairman HATCH. Well, thank you, Doctor. That was very interesting.

Ms. Hewitt, we will turn to you.

STATEMENT OF EDYIE HEWITT, FORMER DIRECTOR, VERMONT FEDERATION OF FAMILIES FOR CHILDREN'S MENTAL HEALTH, EAST WALLINGFORD, VERMONT

Ms. HEWITT. Good morning. Thank you, Senator Leahy and Senator Hatch, for inviting me here today. I am here to support the Drug Abuse Prevention and Treatment Act of 2001.

My name is Edyie Hewitt. I am the former Director of the Vermont Federation of Families for Children's Mental Health, and I am the mother of three sons who have mental health and substance abuse issues. All three of my sons have been incarcerated for drug-related crimes to support their addictions. I want to talk to you today about two of my sons, Theodore, 25, and Tony, 21.

Theodore and Tony were arrested on September 21st of 2000 in Rutland, Vermont, for selling heroin, along with 10 other people. This made front-page news in our local paper, the Rutland Herald. My two sons were made to look like major drug dealers when, in fact, they were indicted for selling small amounts of heroin in order to support their own drug addiction.

I knew my sons were using heroin, but there was no treatment available to them in our community to help them. I am not here to tell you that they were not wrong for what they did. I am here to ask you for your help to help them break their addictions by providing the necessary treatment and after-care support that are needed to help them break their addiction to heroin.

I have advocated for years to get the necessary support for my three sons. It started when my eldest son Theodore, at the age of 15, reached out to ask for help. He had a drug and alcohol screening done by a local mental health center. The mental health center decided that he should go to Huntington Lodge—this is an adolescent treatment facility—due to his drug addiction. This facility did not work for my son, and I called every treatment facility in Vermont and New Hampshire trying to find a placement for him.

Finally, after many phone calls, Maple Leaf Farm, a residential placement in Chittenden County, agreed to interview him. His interviewers had then decided that he was depressed and that they couldn't help him. I then brought him back to school, and I was told he would need to be tutored for the rest of the year instead

of rejoining his class because he had admitted to having a drug problem and seeking treatment. Students with alcohol problems were not treated that way, but I was told that alcohol was one thing and drugs were another.

I have told you this story because we are still in the same mind set. This was 10 years ago, and we are still in the same mind set and still lack the necessary treatment for drug addiction, especially heroin addiction. My son Tony will be released on March 19th, and I have actively sought treatment for him for when he is released.

At first, I received the run-around from treatment centers. I was told that his caseworker needed to make the call, and then I was told that Probation and Parole needed to make the call. After the heroin town meeting that Senator Leahy hosted in Rutland last month, my son was allowed to call a treatment facility and have an interview over the phone. He is scheduled to go to treatment on March 19th for 14 days. Imagine being addicted to drugs for 7 years and having 14 days of treatment. There is a 14-day timeframe due to limited availability and health insurance issues.

Although some 12-step programs may be able to help him, he really needs more intensive services to address not only his substance abuse problems, but his mental health issues as well. My son had the fear of returning to the community due to the lack of support. He will be homeless, jobless, and penniless. So, again, I am asking you to help me help my son, because we lack the resources in our community to support his staying away from heroin.

We need to create programs that are community-based and offer true rehabilitation services for recovering heroin addicts. At this time, Vermont is still in a controversial battle over methadone clinics in our State, and right now we still do not have one. So how many more people will be incarcerated? In Rutland County, there have been 20 arrests in the past few months. And how many more people will die? In Rutland County, there have been 9 heroin-related deaths in the last 2 years from this addiction because they have to wait to be treated.

Did you know that Vermont's correctional centers are overcrowded and we are in the process of building another facility? Did you also know that 85 percent of the population in our correctional facilities are people between the ages of 18 and 24, and 75 percent of the population of these people have substance abuse issues?

We also need to stop the revolving door of punishment. When a person is arrested for addiction-related crimes, they all too often are jailed and not treated and then are released back onto the street without treatment or proper support or after-care. This process leads addicts into more addiction-related crimes, with the potential to again be punished instead of treated.

I am encouraged by the bill's emphasis on improving treatment in jails and prisons. We need to offer the chance for true rehabilitation by providing the necessary treatment and after-care support that are needed when they are needed. We do not need more prisons. We need more treatment, and now. We have to create programs that have a continuous wrap-around approach for people with substance abuse addictions, including detoxification units, residential and outpatient treatment, halfway houses, and after-care programs at a community-based level.

It is time that the divisions of corrections, substance abuse, and mental health in States like Vermont work together and have adequate funding to meet the needs of people with substance addiction. We are all in this together, and we need to provide the best possible outcome that is necessary for our young people to break the disease of addiction. We have to start viewing substance addiction as a public health concern in Vermont and other rural States because it is. We have to deal with this issue now, because our communities and our children are depending upon us.

[The prepared statement of Ms. Hewitt follows:]

STATEMENT OF EDYIE HEWITT, FORMER DIRECTOR, VERMONT FEDERATION OF FAMILIES FOR CHILDREN'S MENTAL HEALTH

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Theodore and Tony were arrested on September 21, 2000 in Rutland, Vermont, for selling heroin, along with ten other people. This made front-page news in our local paper the Rutland Herald. My two sons were made to look like major drug dealers when in fact they were indicted for selling small amounts of heroin in order to support their own drug addictions. I knew my sons were using heroin, but there was no treatment available to help them in our community. I am not here to tell you that they were not wrong for what they did, I am here to ask for your help to help them break their addictions by providing the necessary treatment and aftercare supports that are needed to help them break this addiction to heroin.

I have advocated for years to get the necessary supports for my three sons. It started when my eldest son, Theodore, at the age of 15, reached out to ask for help. He had a drug and alcohol screening done by a local mental health center. The mental health center decided that he should go to Huntington Lodge, an adolescent treatment facility, due to his drug addiction. This facility did not work for my son, and I called every treatment facility in Vermont and New Hampshire trying to find a different place for him. Finally, after many phone calls Maple Leaf Farm, a treatment facility in Chittenden County, agreed to interview him. His interviewers there decided that he was just depressed, and that they couldn't help him. I then brought him back to school and was told he would need to be tutored the rest of the year instead of rejoining his class, because he had admitted to having a "drug problem" in seeking treatment. Students with alcohol problems were not treated that way, but I was told that alcohol was one thing and drugs were another. I have told you this story because alter 10 years we are still in the same mind set and still lack the necessary treatment for drug addiction, especially heroin addiction.

My son Tony will be released on March 19 and I have actively sought treatment for him, when he is released. At first I received a run-around from treatment centers. I was told that his caseworker needed to make the call, and then I was told that the probation, and parole department needed to make the call. After the Heroin Town Meeting that Senator Leahy hosted in Rutland last month, my son was allowed to call a treatment facility and have an interview over the phone. He is scheduled to go to treatment on March 19 for 14 days. Imagine being addicted to drugs for 2 years and then having 14 days of treatment. There is a 14-day time frame due to limited availability and health insurance issues. Although some 12-step programs may be able to help him, he ready needs more intensive services to address not only his substance abuse problem, but his mental health issues as well. My son has fear of returning to the community due to the lack of supports; he will be homeless, jobless, and penniless.

So again, I am asking you to help me to help my son because we lack the resources in our community to support his staying away from heroin. We need to create programs that are community-based and offer true rehabilitation services for recovering heroin addicts.

At this time, Vermont is still in a controversial battle over methadone clinics in our state, and right now we still do not have one clinic in place. So how many more people will be incarcerated (in Rutland County there have been 20 arrests in the past few months) and how many more people will die (in Rutland County there have

been 9 heroin-related deaths the past two years) from this addiction because they have to wait to be treated?

Did you know that Vermont's correctional centers are overcrowded and we are in the process of building another facility? Did you also know that 85 percent of the population in our correctional facilities are people between the ages of 18 to 24, and 75 percent of these people have substance abuse issues?

We also need to stop the revolving door of punishment. When a person is arrested for addiction related crimes, they all too often are jailed and not treated, and then are released back out on to the street without treatment or proper supports or aftercare. This process leads addicts into more addiction-related crimes, with the potential to again be punished instead of treated. I'm encouraged by this bill's emphasis on improving treatment in jails and prisons.

We need to offer the chance for true rehabilitation by providing the necessary treatment and after-care supports that are needed, when they are needed. We do not need more prisons, we need more treatment and now. We leave to create programs that have a continuous wrap-around approach for people with substance abuse addictions, including detoxification units, residential and outpatient treatment, halfway houses, and aftercare programs at a community-based level.

It is time that the Divisions of Corrections, Substance Abuse, and Mental Health in states like Vermont work together and have adequate funding to meet the needs of people with substance addiction. We are all in this together and we need to provide the best possible outcome necessary for our young people to break the disease of addiction. We have to start viewing substance addictions as a public health concern in Vermont and in other rural status, because it is. We have to dual with this issue now; our communities and our children are depending on us.

Chairman HATCH. Thank you so much, Ms. Hewitt. That is a dramatic testimony, and we are grateful that you took the time to come down here and enlighten us and help us to understand.

Senator LEAHY. If I might, Mr. Chairman, I also want to thank Ms. Hewitt. She came also on an evening and spent a very, very long evening at an extensive public gathering in Vermont where she had everyone from law enforcement to addicts, parents, teachers, and everything else. I recall it had quite an effect on everybody there, and I thank you.

Chairman HATCH. Thank you.

Mr. Walton, we will turn to you now.

STATEMENT OF A. JAMES WALTON, JR., COMMISSIONER, DEPARTMENT OF PUBLIC SAFETY, STATE OF VERMONT, WATERBURY, VERMONT

Mr. WALTON. Mr. Chairman, Senator Leahy, Senator Biden, a pleasure. Thank you for inviting me. Thank you, more importantly, for this bill.

In today's world, no war could be won solely on the backs of just a well-trained, well-equipped army. Rather, it would require an equally well-trained, well-equipped navy and air force in order to successfully conduct such a war. I think a similar analogy could be applied to the war on drugs. Simply put, the war on drugs cannot be won on the backs of just a well-resourced and determined law enforcement community.

Rather, a victory in the war on drugs will require an equally well-resourced and determined prevention and treatment community. Drug prevention and treatment are critical and crucial to eliminating the growing heroin problem facing us in Vermont. Police officers often tell me that there needs to be a treatment program for people in the criminal justice system, those with addictions.

All too often, a heroin addict is arrested and asks for help, but there is none to give. The lack of treatment opportunities is talked

about by prosecutors, by probation officers and judges when they try and deal with a drug-dependent offender. Our goal must be to offer treatment to all drug-dependent persons in Vermont and throughout the Nation, and prevent new addictions particularly among our youth.

Until recently, Vermonters have thought their children were safe from the ravages of heroin addiction. We were immune somehow. The death of a 16-year-old Vermont girl in New York City, hooked on heroin and forced into prostitution to support her addiction, has changed the public perception in Vermont and focused attention on what has been recognized by law enforcement and social and health personnel as a growing crisis.

Heroin is in Vermont, and its abuse is becoming alarming. Our children and our families are vulnerable, and our communities are in danger of following in the footsteps of some of the larger cities across America. Vermont is a small and beautiful State that is seeing a dramatic increase in heroin cases. These statistics reflect a 132-percent increase in arrests for heroin since 1998 and a 126-percent increase in youth involved in the use of heroin. I believe this is a startling statistic for a rural State with a population of just 600,000 people.

It would appear that heroin is rapidly becoming the drug of choice among our youth. The street quality of heroin is increasing, making it more readily usable and attractive, and it is cheap. We are also seeing violent crime increasing, which we believe is synonymous with our increased drug usage, particularly heroin use. Armed robberies have increased 36 percent in 2000 over the previous 5 years, and many of these robberies have been linked to heroin abuse.

The goal of treatment is to return the individual to productive functioning in the family, workplace, and community. According to several studies, drug treatment reduces drug use by 40 to 60 percent and significantly decreases criminal activity during and after treatment.

The need for treatment is a concern to the State of Vermont. The incidence of drug dependency has risen suddenly, especially for our youth. In 1999, not one of the self-referrals to the University of Vermont Human Behavioral Psychopharmacology Clinic was under 25 years of age. In the first 2 months of 2001, more than half of the self-referrals were under 21 years of age. The number of persons across the State seeking treatment for heroin abuse alone has doubled since 1997. The fastest growing population of persons seeking treatment has been our youth, with nearly six times as many youth self-referring in 2000 compared to 1997 alone.

We cannot solve the drug problem by treating it as if it were simply only a crime problem. A comprehensive approach focusing on prevention and treatment is a better solution. A strong enforcement effort that focuses on a zero tolerance policy should complement the prevention and treatment efforts of other professions dealing with the addiction problem.

As has been so graphically demonstrated, heroin is a poison that not only destroys the individual who is addicted, but does serious damage to family, friends, and community. It is a public health problem. It will, I believe, only succumb to a comprehensive strat-

egy. This bill, the Drug Abuse Education, Prevention, and Treatment Act of 2001, is such a comprehensive approach.

Those of us in Vermont law enforcement strongly support Title II of this bill, Drug-Free Prisons and Jails, and Title VI, Federal Reentry Projects. However, we also strongly believe that just making prisons drug-free and focusing on treatment for addiction is not enough. We believe that a large investment in prevention before our youth become addicted to drugs, before the problem becomes criminal, is money well spent.

So, Mr. Chairman, we in Vermont law enforcement support the use of alternative treatment instead of prison. We support treatment in prison, we support reentry programs after prison, and we strongly support a nationwide prevention effort.

Thank you.

[The prepared statement of Mr. Walton follows:]

STATEMENT OF A. JAMES WALTON, JR., COMMISSIONER, DEPARTMENT OF PUBLIC SAFETY, STATE OF VERMONT

Thank you, Mr. Chairman. I am James Walton, Commissioner of Public Safety, for the State of Vermont. I speak to you in that role as head of the Vermont State Police, but I have also served as the Commissioner of Corrections in Vermont, as well.

I will limit my remarks to the sections of the bill that are most relevant to Vermont.

In today's world, no "war" could be won solely on the backs of just a well trained, well equipped Army. Rather it would require an equally well trained, well equipped Navy and Air Force in order to successfully conduct such a war.

I think a similar analogy could be applied to the "war" on drugs. Simply put the "war" on drugs cannot be won on the backs of just a well resourced and determined law enforcement community, rather a "victory" in the war on drugs will require the efforts of an equally well resourced and determined prevention and treatment community.

Drug prevention and treatment are crucial to eliminating the growing heroin problem facing us in Vermont. Police officers often tell me that there needs to be a treatment program for people in the criminal justice system with addictions. All too often a heroin addict is arrested and asks for help but there is none to give. The lack of treatment opportunities is talked about by prosecutors, probation officers and judges when they try and deal with the drug dependent offender. Our goals must be to offer treatment to all drug dependent persons in Vermont and prevent new addictions particularly among our youth.

THE DRUG ENFORCEMENT PROBLEM IN VERMONT

Until recently, Vermonters have thought their children were safe from the ravages of heroin addiction. We were immune, somehow. The death of a 16-year-old Vermont girl in New York City, hooked on heroin and forced into prostitution to support her addiction, has changed the public perception, and focussed attention on what has been recognized by law enforcement, social, and health personnel as a growing crisis.

Heroin is in Vermont, and its abuse is becoming alarming. Our children and our families are vulnerable, and our communities are in danger of following in the footsteps of larger cities across America.

Vermont is a small (and beautiful) State that is seeing dramatic increases in heroin cases.

These statistics (see Appendix) reflect a 132% increase in arrests for heroin since 1998 and a 126% increase in youth involved in the use of heroin. I believe this is a startling statistic for a rural state with a population of 600,000 people. It would appear that heroin is rapidly becoming the drug of choice among our youth. The street quality of heroin is increasing, making it more readily useable and attractive (snorted vs. injected), and it is cheap.

We are also seeing violent crimes increasing, which we believe, is synonymous with our increased drug usage, particularly heroin use. Armed robberies have increased 36% in 2000 over the average for the previous five years. Between 1994-1999 Vermont averaged 78 armed robberies per year. In 2000 there were 106. Many

of these robberies have been linked to heroin abuse. This increase cannot continue without people getting hurt or killed. Drug abusers can at times become desperate people.

DRUG TREATMENT ISSUES IN VERMONT

The goal of treatment is to return the individual to productive functioning in the family, workplace and community. Measures of effectiveness typically include levels of criminal behavior, family functioning, employability, and medical condition. Overall, treatment of addiction is as successful as treatment of other chronic diseases, such as diabetes, hypertension and asthma. According to several studies, drug treatment reduces drug use by 40 to 60 percent and significantly decreases criminal activity during and after treatment. For example, a study of therapeutic community treatment for drug offenders demonstrated that arrests for violent and nonviolent criminal acts were reduced by 40 percent or more. Methadone treatment has been shown to decrease criminal behavior by as much 50 percent.[1]

The need for treatment is a concern for the State of Vermont. This incidence of drug dependency has risen suddenly, especially for our youth. In 1999, not one of the self-referrals to the University of Vermont Human Behavioral Psycho-Pharmacology clinic was under 25 years old. In the first two months of 2001, more than half of the self-referrals were under 21 years old! In that clinic alone the number of self-referrals of teenagers for heroin addiction has gone from zero in 1998 to 12 per month in 2001. The number of persons across the state seeking treatment for heroin abuse has doubled since 1997 (in Fiscal Year 1997 the number was 164; in FY2000, that number was 344). The fastest growing population of persons seeking treatment has been our youth with nearly six times as many youth self-referring in 2000 when compared to 1997.[2]

THE BROAD OUTLINES OF THE POLICY APPROACH

As much of the rest of the nation has learned, we cannot solve the drug problem by treating it as if it were simply and only a crime problem. Attempting to punish the drug user by applying the force of law is not working; a comprehensive approach focusing on prevention and treatment is the better solution. A strong enforcement effort that focuses on a zero tolerance policy should compliment the prevention and treatment efforts of other professions dealing with the addiction problem. The other components of the criminal justice system, courts and corrections should work closely with treatment providers in placing drug dependant persons in treatment where needed and incarcerate them (to include treatment) where appropriate.

As has been so graphically demonstrated, heroin is a poison that not only destroys the individual who is addicted, but does serious damage to family, friends, and community. It is a public health problem. It will, I believe, only succumb to a comprehensive strategy. This bill, the Drug Abuse Education, Prevention, and Treatment Act of 2001, is such a comprehensive approach.

The strength of this bill is that it attacks the dealers and the pushers with swift and sure incarceration, and at the same time provides treatment and reentry opportunities for offenders who are struggling to take responsibility for their lives and behavior. We know that in general, prison does little to make people better; indeed in all too many cases it makes people worse. At the same time, we know that they are returning to their homes and communities. It is incumbent on us, then, to do three things. One, we must keep out of prison, and into treatment, all those offenders who do not pose a threat to the public safety. Second, while they are in prison, it only makes sense to provide incentive and opportunity for offenders to participate in treatment, and simultaneously work to create drug-free prisons, so that the hard work of treatment is not undone upon return to the cellblock. Third, for those offenders who are leaving prison to return to live again in our communities, it is in our own self interest that they be prepared for reentry, provided with effective treatment programs, and support in the form of education, vocational training, jobs, and housing.

Those of us in Vermont law enforcement strongly support Title II of this bill, Drug-free Prisons and Jails, and Title VI, Federal Re-entry Projects. We believe that not only must we prepare the offender for release to the community (and they all do come home, some day), but that we must also prepare the community to receive the offender. Empowering the community to participate in the release preparation for the offender, and giving the community a role in ensuring offender accountabil-

[1] National Institute on Drug Abuse (October 1999), Principles of Drug Addiction Treatment, Page 15–16.

[2] Statistical information from the Vermont Department of Health.

ity, participation in treatment, and activity in the community are all measures that not only improve the likelihood of offender success, but also provide the citizens of the neighborhood with a restored sense of control over the quality of life in their own back yards.

However, we also strongly believe that just making prisons drug-free, and focussing on treatment for the addicted is not enough. We believe that a large investment in prevention, before our youth become addicted to this drug, before the problem becomes criminal, are money well spent. Programs that divert offenders from repeat crime are of great cost-benefit, both fiscally and socially. So, Mr. Chairman, we in Vermont Law Enforcement support the use of Alternative Treatment instead of Prison, we support Treatment in Prison, and we support Reentry programs after Prison, and we strongly support a nationwide prevention effort.

This is not soft on crime. We not only enforce the law, we, too, live in Vermont. We have families here, and we know that the only way to be safe in our communities is to strengthen the capacity in the community to control its own destiny. This bill helps move in that direction, toward hope for success, and away from despair over the magnitude of the problem. Thank you.

APPENDIX

STATISTICS[3] (Statewide Drug Task Force Information)

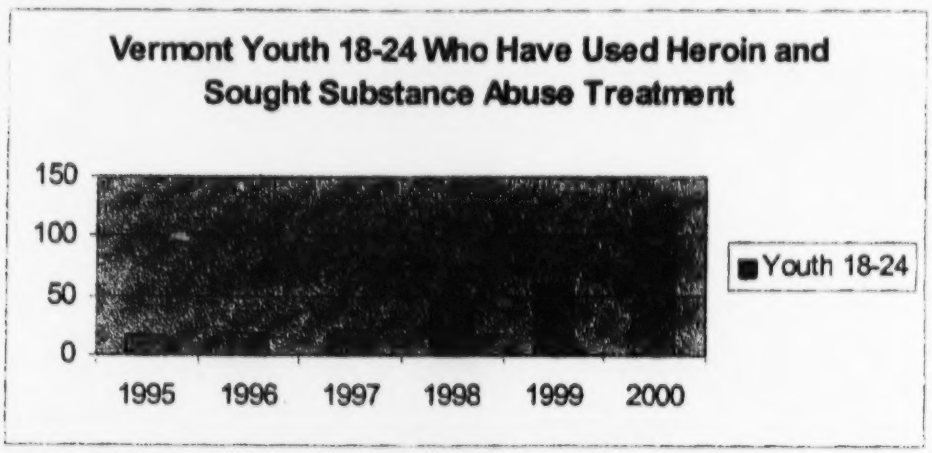
Task Force Investigations

Year	Cases	Charges filed	Deaths
1995	10	7	11
1996	11	21	2
1997	11	1	5
1998	23	28	4
1999	6	30	10
2000	65	79	14

Statewide arrests:

Year	Arrests	Gender	Number of 15–21 dear olds
2000	114	70 male, 44 female	43 of these arrests are ages 15–21.
1999	57		22 of these arrests are ages 15–21.
1998	49	37 male, 12 female	19 of these arrests are ages 15–21.

Treatment Statistics[4]



[3] Statistical information obtained from the Vermont Department of Public Safety, Vermont Criminal Information Center.

[4] Statistical information obtained from the Vermont Department of Health.

Chairman HATCH. Thank you, Mr. Walton.
We will finish with you, Ms. Walcott.

STATEMENT OF DEBRA WALCOTT, RECOVERING DRUG-ADDICTED YOUTH, LAKE RONKONKOMA, NEW YORK

Ms. WALCOTT. Good afternoon. My name is Debra Walcott, and I would like to thank the Senate Judiciary Committee for giving me the opportunity to testify today.

I am a resident of the Phoenix House residential drug treatment program on Long Island, New York. Before I entered Phoenix House 18 months ago, I was 30 pounds underweight, I was addicted to cocaine, and I was on probation for grand larceny and computer tampering. It was the lowest point in my life and, sadly, I didn't even know it.

I thought I was smart. Instead of shaping up and getting my life together, I continued to use drugs. Only now, I stopped using just before my monthly visit with my probation officer. But she was smarter. She made an unexpected visit and asked for a drug test. I tested positive for cocaine. As a result, the judge gave me two options: drug treatment or jail. I chose treatment.

My drug use began when I was 15. I grew up in Dix Hills, Long Island. My parents divorced and I took it hard. Suddenly, my whole life had changed and I felt alienated from many of the kids in my school, particularly the in crowd. So I turned to a crowd that I felt wouldn't judge me, that is as long as I used drugs. Drugs numbed my pain and anxieties. Whether it was worrying about my complexion, an argument with my mother, a bad grade, drugs blocked out my worries.

By the time I was 16, I was smoking marijuana everyday and drinking alcohol on weekends. After turning 17, I began experimenting with cocaine. Next came club drugs—ecstasy, GHB and Special K, whatever was available. I was able to keep my drug use from my mother, knowing how angry she would be if she found out.

Right after graduating high school, I moved out of my home to get away from what I perceived as an overprotective parent. Now, I realize I just wanted the freedom to use drugs whenever I wanted, and I did. My drug use escalated rapidly and it didn't very long before I ran up against the criminal justice system.

I had a job at a local pharmacy and I was stealing pills and money. I was arrested and placed on 3 years' probation as a youthful offender, but probation could not keep me away from drugs. I continued to use cocaine, alcohol, and club drugs, and I even started using heroin. Ironically, I wasn't even having fun using drugs anymore. I just couldn't stop using them.

Looking back, I believe my arrest was the best thing that could have happened to me because I know I would not have entered treatment on my own. Treatment is not easy. It is difficult to live in a therapeutic community. It is a very structured environment and at first I resented knowing that treatment or jail were my only two choices. But after a while, I decided to go with the grain of treatment instead of against it. I decided to listen and really learn about my addiction. I began understanding the effect drugs had on me and my family.

Treatment has made me do some very deep soul-searching to figure out who I really am. It has taught me to set goals and follow through with them, and to take responsibility for my actions. Mostly, I have learned to deal with my pain and anxieties because drugs do not take these feelings away; they just suppress them for a while.

Since I have been in treatment, I have worked in regaining a relationship with my family. It is hard. We have had to overcome a lot of anger and resentment toward each other. I bear responsibility for most of it. It scares me to picture where I would be right now if I did not go into Phoenix House. I know I would be in jail or living on the streets. Phoenix House has given me the opportunity to turn my life around.

Part of my treatment requires that I visit high schools and speak to students about my life and the effect that drugs have had on my life. There are times I wish I could talk to the parents and tell them how to be a part of their children's lives—know who their friends are, look for changes in their grades, their attitudes, and their behavior, and talk to your children about drugs and alcohol.

In closing, I would like to tell you what a privilege it is to be here today. I am near the completion of my treatment at Phoenix House. On April 1, I will move in with my father and start a new stage in my life. It is an exciting time and Phoenix House has given me the tools I need to face life's challenges without drugs. I hope that by speaking before you today and by continuing to speak to young people at home, I can use my experiences with drugs and treatment and make a difference in someone else's life.

Thank you.

[The prepared statement of Ms. Walcott follows:]

STATEMENT OF DEBRA WALCOTT, LONG ISLAND, NEW YORK

Good morning. My name is Debra Walcott and I would like to thank the Senate Judiciary Committee for giving me the opportunity to testify today. I am a resident of a Phoenix House residential drug treatment program on Long Island, New York.

Before I entered Phoenix House 18 months ago, I was 30 pounds underweight; I was addicted to cocaine; and I was on probation for grand larceny and computer tampering. It was the lowest point in my life, and sadly, I did not even know it. I thought I was smart. Instead of shaping up and getting my life together, I continued to use drugs—only now I stopped using just before my monthly visit with my probation officer. But, she was smarter. She made an unexpected visit and asked for a drug test. I tested positive for cocaine. As a result, the judge gave me two options: drug treatment or jail. I chose treatment.

My drug use began when I was 15. I grew up in Dix Hills, Long Island. My parents divorced and I took it hard. Suddenly, my whole life had changed and I felt alienated from many of the kids in my school, particularly the "in crowd." So, I turned to a crowd that I felt wouldn't judge me—that is as long as I used drugs. Drugs numbed my pain and anxieties. Whether it was worrying my about my complexion, an argument with my mother, a bad grade—drugs blocked out my worries.

By the time I was 16, I was smoking marijuana every day and drinking alcohol on weekends. After turning 17, I began experimenting with cocaine. Next came club drugs—Ecstasy, GHB and Special K—whatever was available.

I was able to keep my drug use from my mother, knowing how angry she would be if she found out. Right after graduating from high school, I moved out of my home to get away from what I perceived as an overprotective parent. Now, I realize I just wanted the freedom to use drugs whenever I wanted. And, I did.

My drug use escalated rapidly, and it didn't take very long before I ran up against the criminal justice system. I had a job at a local pharmacy and I was stealing pills and money. I was arrested and placed on three years probation as a youthful offender. But, probation could not keep me away from drugs. I continued to use co-

caine, alcohol and club drugs—and I even started using heroin. Ironically, I wasn't even having any fun using drugs anymore. I just couldn't stop using them.

Looking back, I believe my arrest was the best thing that could have happened to me because I know I would not have entered treatment on my own.

Treatment is not easy. It is difficult to live in a therapeutic community. It is a very structured environment, and, at first, I resented knowing that treatment or jail were my only two choices.

But, after awhile, I decided to go with the grain of treatment instead of against it. I decided to listen and really learn about my addiction. I began understanding the effects drugs had on me—and my family.

Treatment made me do very deep soul searching to figure out who I really am. It has taught me to set goals and follow through with them—and to take responsibility for my actions. Mostly, I have learned to deal with pain and anxieties—because drugs do not take these feelings away. They just suppress them for a while.

Since I have been in treatment, I have worked on regaining a relationship with my family. It's hard. We have had to overcome a lot of anger and resentment towards each other—and I bear responsibility for much of it.

It is scary for me to picture where I would be right not if I did not go to Phenix House. I know I would be in jail or living on the streets. Phoenix house has given me the opportunity to turn my life around.

Part of my treatment requires that I visit high schools and speak to students about my life and the effects that drug use has hod on my life. There are times I wish I could talk to parents as well and tell them how to be a part of their children's lives. Know who their friends are. Look for changes in their grades, their attitudes, and their behaviors. And, talk to your children about drugs and alcohol.

In closing, I would like to tell you what a privilege it is to be here today. I am near the completion of my treatment at Phoenix House. On April 1, I will move in with my father and start a new stage of my life. It is a exciting time—and Phoenix House has given me the tools I need to face life's challenges without drugs. I hope that by speaking before you today—and by continuing to speak to young people at home—I can use my experiences with drugs and treatment to make a difference in someone else's life.

Thank you.

Chairman HATCH. Well, thank you. We appreciate your testimony.

Senator Leahy, we will go to you.

Senator LEAHY. Thank you very much.

Ms. Walcott, I think I can speak for Senator Hatch and Senator Biden and all the other members that we wish you continued success. April 1st is probably -you probably look forward to that day with mixed emotions, but I hope they are mostly good ones, and wish you well on that.

Once you start that, if you feel the need to call back to Phoenix House or to call somebody, will you have any lifeline that you can go to, if needed?

Ms. WALCOTT. Yes. They allow former graduates to come up to the House and visit any time that they want to for their own support and to give other people support.

Senator LEAHY. And if you felt the need, would you do that?

Ms. WALCOTT. Definitely.

Senator LEAHY. Were you exposed to any kind of drug prevention or education programs before you began using drugs?

Ms. WALCOTT. Yes, but it was way back when I was in 5th grade in school. It was the DARE program, and that was the only prevention that was in my school. My family didn't really talk to me much about doing drugs.

Senator LEAHY. So you don't feel that was adequate, your 5th grade exposure?

Ms. WALCOTT. It was too early.

Senator LEAHY. Would it have helped if that had been sort of ongoing, reflective of the ages you would be as you moved on?

Ms. WALCOTT. Yes.

Senator LEAHY. If you hadn't undergone treatment, would you have been able to recover?

Ms. WALCOTT. No.

Senator LEAHY. Mr. O'Connor, I compliment you for being here. I have heard you speak at a number of things, and as a parent myself I can only imagine how painful it must be every time you speak to remember your son.

Do you know at what age he first began using drugs?

Mr. O'CONNOR. Fourteen.

Senator LEAHY. Do you know whether there were any programs in the school that he was in or anything, any kind of an effective anti-drug program there? Obviously not effective in his case, but was there any kind of a drug program that you were aware of there?

Mr. O'CONNOR. There was a drug program there and the program was all about the selling of drugs to the kids. They had a very good sales program going on in that school.

Senator LEAHY. I said anti-drug program.

Mr. O'CONNOR. No, nothing punitive, Senator.

Senator LEAHY. Did your son go into any drug treatment programs?

Mr. O'CONNOR. He did. He went into Betty Ford out here in California for about a month. That was a month program, a pretty expensive program.

See, most of the people that write to me at my Web site don't have any money. There is nothing available. A woman wrote to me the other day and she had lost one daughter who had died and was going to lose another one, and she doesn't know where to turn. She can't get these kids to—she can't put them anyplace.

In Oklahoma where she lives, there are some free centers, but the waiting list is 8, 9 months. That is why I say what we are really going to have, in my opinion, is free rehabilitation centers in all the counties of our Nation, all the States and counties of our Nation. It is a big, big item, and to start a thing like that is $1 billion. But as I also said, we have the money to do that now. We have to get on it. I don't think there is any other thing you can do. You have got to cure the wounded and the dying. That is what it comes down to.

I don't understand our former drug czar who came on and said that usage is down. I don't know where they get those figures. I simply don't believe the figures that he gave.

Senator LEAHY. Well, let's say that there is one thing that we can agree on. There are, I feel, inadequate drug treatment programs, the numbers of them. Obviously, a private rehabilitation program is something in my State the vast majority of people could not afford, and I am sure, as you know from the people who access, Mr. O'Connor, your Web site, the same thing.

I would ask Ms. Hewitt, for example, did your sons have any access to drug treatment during the time they had been in jail? I mean, here is one time, if you will excuse a terrible pun, you have

a captive audience. I mean, is there a drug treatment program there?

Ms. HEWITT. No, there isn't. Actually, my son does attend—there is an AA meeting that is held there, but there is no treatment in that facility. Actually, I have say, Senator Leahy, when my sons went into jail, there were four other people who were actually arrested that day all suffering from the withdrawal of heroin, and they actually were offered aspirin in that correctional facility because they were not ready to deal with people withdrawing from heroin in our State at all. They just had no idea what was going to be happening there. So there was no medical treatment either for them.

Senator LEAHY. The other members of the panel don't understand just where Rutland is. I do, of course, but could I ask you this: Do you get the impression that because you live in a small city, in a rural State, that it is even more difficult to find effective treatment?

Ms. HEWITT. Yes, I do. Actually, you have to travel to get treatment in regard to this issue. There is nothing in our county. I have to agree with what Carroll O'Connor just said. We have to put community-based services into place. You know, we are talking about Vermont and we don't have a lot of money there. That is my opinion. We are just kind of making a living.

Senator LEAHY. There are 600,000 people in the whole State. There is only so far you can stretch those resources.

Ms. HEWITT. Right, and if we are talking about people addicted to a substance and we are going to offer the challenge of having them go seek treatment, transportation is a major issue. That is, I think, why there is such a controversy over the methadone clinic. That is one of the pieces right there because some people do not want people to take that home. But it is a medication that some people are going to have to have. So I just wish that in our State we get it together because what Mr. Walton said in regard to—it is here and it is time that we start addressing the issue.

Senator LEAHY. My time is up. I am going to come back with some other questions for Dr. DuPont and Mr. Walton on my next round.

Chairman HATCH. Senator Biden, we will turn to you now.

Senator BIDEN. Thank you, Mr. Chairman.

I appreciate you all being here. Mr. O'Connor, I am an admirer. Having lost a child myself, not to drugs, I can't imagine what it is like having lost a child to something that you probably torture yourself into thinking maybe there is something I should have known or could have done. So I can't imagine the depth of the pain and the anger.

Both of my colleagues have been supportive over the years back in the days when I used to chair this Committee. This is a stack of drug reports I have written since 1989, and there is the same theme that runs through all of them that we haven't addressed yet, in my view. One is the prevention side.

Mr. O'Connor is right. I was rereading the report I wrote in 1990. I am the guy, Mr. O'Connor, who wrote the drug czar legislation, setting up one person to have control of all these agencies, which was an 8-year battle. From the very beginning, the call for

an incredibly increased effort on demand reduction has gone unheeded right from the very beginning. So every year I write this report and every year we woefully underfund it.

I want to make clear that none of us here that I am aware of are suggesting that we withdraw from the enforcement side of this. We are not reducing any dollars at all in what we are proposing, about $1 billion. We are not taking that out of money for cops, out of money for interdiction, out of money for other areas.

But to get to the point, there are three things that it seems to me we should be focusing on and I would like Dr. DuPont to begin by commenting on them. One is a significant increase in treatment. In the report I wrote back in 1990, I pointed out that in New York City the number of people—my conservative friends used to say, you know, put them in jail because these people won't seek treatment. The number of people walking into a treatment center in New York City, raising their hand and saying the following, I am an addict, I have a disease of the brain, I can't control it and I am committing on average 125 or 130 crimes a year, stop me, take me in, do something with me now, I am turning myself in—they were told you come back in 8 months, in 8 months.

Now, I remember when Bill Bennett used to say we are not ready for treatment, we don't have the facilities, we can't do this—you know, our morality czar. And yet right now, of the 15 million people who use drugs in this country, about 5.5 million are addicted, have a disease of the brain, can't do anything by themselves about it, and 2 million of the estimated 5 million-plus are in some kind of treatment.

Now, Dr. DuPont, I wrote a report 2 years ago saying heroin is coming. This is a big deal; high school students, hang on. This was 1999: hang on because here it comes. It is pure. Back when you were doing this, Dr. DuPont, as the drug czar, we were talking about heroin from Mexico that was about 6 to 12 percent purity. The stuff we are talking about now is 90 percent pure in my State, 90 percent pure.

So now what they are doing, Mr. O'Connor, is they are doing a thing they used to call back in the early part of the last century, "chasing the dragon." This stuff is so pure they can smoke it and inhale it like crack cocaine. It is so pure. So now what is happening is it is becoming the equal opportunity addicter.

Beautiful young women like the young woman at the end, Ms. Walcott, who has a cocaine problem are now getting addicted in high school to heroin, because before they wouldn't take a needle and shove it in their arm or shove it in their hip because it was a problem. Now, all they have to do is smoke it. They eventually will main-line it. They will eventually shoot it in their arm. They will eventually be poly abusers, but it is a whole different world.

Here is the question I have for you: I don't know of any program dealing with heroin addiction, or for that matter cocaine addiction, that has any efficacy that is less than 6 months long. I have not heard of one. We keep trying to buy this stuff on the cheap. We say we have a 30-day treatment program, which is a detox facility. I have a lot of alcoholics in my family, Mr. O'Connor. I know about detox facilities. They are detox facilities; nothing else happens, period, and they are back out.

I am the first guy to come along here and insist in the Biden crime bill that we finally passed that there be drug treatment in prison. Guess what? Dr. DuPont and others, Mr. O'Connor, pointed out to us years ago that there is no difference in the rate of success whether you are forced into treatment or you voluntarily go into treatment. This old thing about you have got to want it, you have got to decide now is the time for me to cure it, is malarkey.

You get a success rate of treatment in prison. Yet, the States won't pony up the money even in the days when they have a lot of money. They talk about tax cuts and they talk about a whole bunch of other things. But we are doing it federally. You know, we are going to release from county and state prisons close to half a million people this year who, as they walk out the door and get their $10 ticket for the cab, are addicted to a drug as they walk out the door. They are all accidents waiting to happen.

The last part of this is back in 1990, with your help, I proposed spending $1 billion a year on pharmacotherapy treatment. There is a lot of promise in antigens and antagonists that aren't silver bullets, but can put someone in a position where the total therapy that they are engaging in has a much greater chance of success. We have very promising operations—bupenorphine, carbomazepine, a whole range of drugs sitting out there that no drug company wants to deal with.

Do you know why they don't want to deal with them? Even if they find a cure for cocaine, the folks who are on cocaine don't want to buy it. Maximum, there are no more than 15 million of them, and you are in a position where it is going to cost them hundreds of millions of dollars to develop the drug. So they don't want any part of doing it. We do have first-rate scientists at the National Institute on Drug Abuse whom we can fund to do the kinds of things we need.

So my question is this: How in God's name are we going to deal with this problem unless you take the captive audience that we already have in prison who, when you let them out, are going to commit a minimum of—I think the statistic is 89 or 85, to a maximum of 190, depending on whose number you take, felonies a year to keep their habit going—how are we going to do anything with this problem unless we provide for a significant increase in the number of treatment facilities that are expensive, long-term treatment facilities?

Thirdly, how are we going to make any real dent in the remainder of this gigantic problem we have if we are unwilling to provide for focusing on, as you said, at-risk youth, front end? You don't have to be a rocket scientist to figure this one out. What do we do? Are we going to make the next step here if we don't do those things, Dr. DuPont?

Dr. DUPONT. Senator, I think one area of tremendous opportunity is to harness the criminal justice system by linking it with treatment. I remember what Dr. Leshner said about that and what Ms. Walcott said. She made it very clear that without the force of the criminal justice system, she would not have gone into the Phoenix House program.

The way the policy debate is emerging politically here is it is law enforcement versus treatment.

Senator BIDEN. That is why I proposed drug courts.

Dr. DUPONT. And drug courts is a wonderful development because it brings them together. They need each other to succeed. Treatment needs law enforcement to succeed and law enforcement needs treatment to succeed, and this bill does a lot of that, which is very much to the bill's credit, I think.

I believe that is the single greatest opportunity in the future, and it is not just prison. We keep talking about prison. It is parole and probation, which have much larger numbers of people.

Senator BIDEN. That is right.

Dr. DUPONT. And to use those to enforce a drug-free standard and to link them to publicly funded treatment is a goal that I believe both parties can support with considerable enthusiasm. Rather than being break-the-bank expensive—and Mr. O'Connor is saying this—I think it is really affordable in relationship to our National concern about this problem.

Senator BIDEN. Mr. Chairman, I realize my time is up. I would like to ask unanimous consent that figures I have on how and why treatment works and the definition of treatment working be entered in the record at this point.

Chairman HATCH. Without objection, we will do that, Senator Biden.

[The information referred to follows:]

TREATMENT & PREVENTION STATISTICS

Does Treatment Work?

Drug addiction is a chronic relapsing disease. And as with other chronic relapsing diseases—such as diabetes, hypertension and asthma—there is no cure, although a number of treatments can effectively control the disease. According to an article published in the *Journal of the American Medical Association in October*, the rate of adherence to the treatment program and the relapse rate are similar for drug addiction and other chronic diseases—*meaning that treatment for addiction works just as well as treatment for other chronic relapsing diseases.*

The longer an addict spends in treatment, the greater the chances that the treatment will be successful. Treatment outcome studies suggest that a minimum of several months is necessary to maintain improvements after treatment. However, the link between outcomes and length of time in treatment may reflect the fact that more motivated patients may remain in treatment longer.

Drug treatment is cost effective, even when compared with residential treatment, the most expensive type of treatment. Residential treatment for cocaine addiction costs about $12,500 a year, a substantial savings compared to probation (nearly $17,000/year), incarceration (nearly $40,000/year), or untreated addiction (more than $43,000/year). That means that untreated addiction costs more than three times as much (3.4 times to be exact) as residential treatment.

Unfortunately, only two million of the estimated five million people who need drug treatment are receiving it. The Drug Abuse Education,

Prevention and Treatment Act takes steps to close this "treatment gap" by targeting drug treatment to rural and economically depressed areas, funding adolescent treatment and residential treatment centers for women with children, and increasing funding for the National Institute on Drug Abuse—whose scientists conduct 85 percent of the world's research on drug abuse—to conduct clinical trials on new treatments for addiction.

Senator BIDEN. I will wait for a second round here.

Chairman HATCH. Dr. DuPont, Ms. Hewitt mentioned that her son attends AA meetings in jail. What are your thoughts as to how AA, Narcotics Anonymous, and other 12-step programs complement long-term treatment programs or whether they are really effective? Are these programs sufficient on their own or are they just adjuncts to treatment?

Dr. DUPONT. The 12-step programs are not treatment. They do not think of themselves as treatment and they are not treatment, and I think it is extremely important for us to be very clear about that. So when we are talking about treatment, we are not talking about 12-step programs.

Having said that, I believe the 12-step programs are, as I have called it, the secret weapons in the war on drugs. That is how real people get well and stay well.

What real treatment does is help people understand the disease that they suffer from, take responsibility for their behavior, and then enlist in the 12-step programs and not just stop using drugs. They don't just change their lives by stop using drugs; they change all aspects of their lives, especially in terms of their spiritual development. That is what the 12-step programs are about and they are a modern miracle.

The best treatment integrates the 12-step programs into it, but they are not the same. You cannot simply say to a drug addict, just go to a meeting and that is the end. Most will need treatment to get there. I would like to hear Ms. Walcott talk about what her after-care plans are, and I would be willing to bet, having not heard anything, that the 12-step programs are a very central part of her plan to stay off drugs and have a better life for herself.

Chairman HATCH. How about that, Ms. Walcott? We are so pleased to have your testimony, because you are telling a lot of young people all over this country to never get involved in this stuff. You are also telling them that if they do, there may be some hope. So your testimony is extremely important here today.

What do you have to say about that?

Ms. WALCOTT. Well, my plan when I leave treatment is to continue treatment through an outpatient basis, which I would go twice a week and still go to groups and all that kind of stuff for about 6 months, and continue to go to NA meetings to build a positive support network.

Chairman HATCH. Well, that is good.

Senator BIDEN. NA meetings are similar to AA meetings, correct?

Ms. WALCOTT. Correct.

Dr. DUPONT. Let me just say about the 12-step programs, there are three basic components. One is AA, which was the beginning to deal with alcohol problems. And then because AA had what they called the singleness of purpose that only dealt with alcohol, it was necessary to create NA, which everything else is under NA, and then Al Anon, which is for the family. So between the three, you cover the whole spectrum of alcohol, other drugs, and family.

Chairman HATCH. Well, a while back I was informed by law enforcement officials—I had one of the leading people in the country come to me and say, "My son was convicted for methamphetamine addiction, and he served time in jail and he got out. But they just picked him up again because he set up a meth lab for his own use, and I need your help." And I said, well, it sounds pretty bad to me. And he said, "I am not asking you to keep him out of jail. I am asking you to see if we can find some treatment program that will help him."

So I spent some time looking at that and talking to law enforcement officials and experts in the field, and the consensus seemed

to be—and, see, the new scourge, in addition to cocaine, heroin, and so forth, is methamphetamine. For methamphetamine addiction, the consensus seemed to be that it would take up to 3 years of Federal rehabilitation to get them to a point where they can handle the problem. They will never get rid of the desire; it is just a matter of being able to handle it.

Is that consistent with your experience, Dr. DuPont?

Dr. DUPONT. I think it is a prolonged treatment, not necessarily all residential.

Chairman HATCH. But it takes years, is the point.

Dr. DUPONT. Years of treatment. Again, to go back to Ms. Walcott's statement, she is talking about a residential program of 18 months, I believe, and then following that with 6 months of intensive outpatient after-care, and then she is going to go to these meetings. That is the kind of scale that we are talking about where you integrate a residential program with an outpatient program, and where the eventual direction is to the 12-step program.

Chairman HATCH. Well, I only cite that to warn people out there in America that this is a tremendous set of problems and that there are no simple, easy, immediate answers. What this bill is trying to do is get help for these people.

Now, Mr. O'Connor, you have suggested that we try to get treatment facilities and treatment programs in virtually every large county or heavily populated county in the country. Since you have had so much experience in this and the heartaches in your life have been so severe, I would like you to take some time and tell parents out there who are watching this what you think they should do for their children as they come into the ages where they might be tempted to be in this drug culture.

Mr. O'CONNOR. Well, one of the things that I think is lacking in the drug education at the moment is education of the parents. Trying to work on the kids and telling them don't do it, don't do it, don't do it—kids aren't paying attention to that. "Just say no"—that doesn't work.

They have to understand and the parents have to understand that the use of these drugs changes the cells in the brain. It just changes people. You go on with this and you are a new person. The kid that shot himself in the head was not my son. That was an entirely different person, a new personality. He had taken leave of conscience, he had taken leave of love. He could talk about all these things and mouth all these things, but they didn't mean anything to him. "Yes, I love you, pop," and so forth and so on. He didn't anymore; he was another person. He wasn't my kid.

Young people have to understand that they are putting themselves in harm's way very much so. Their personalities are going to change. They are going to become different. They are not going to have the same life and they are going to get worse and worse and worse.

Now, of course, Senator, you gave us a figure a while back of something like $400 billion this is costing the country annually. Did I hear that right?

Chairman HATCH. That is right, if you add everything, law enforcement and everything else.

Mr. O'CONNOR. Well, you know, that is the reason we ought to be ready to spend a lot of billions now to cut that out.

But, anyway, we have got to educate the parents, and parents have got to educate the kids and talk to the kids on a fairly sophisticated level. There ought to be meetings in schools on all of this, and charts should be shown. I saw these charts up there at the University of San Francisco, charts showing cross-sections of the brain showing how the cells mutate, and they might not ever come back. Over the course of treatment, some of them come back. They are reshaped, they are revived. But some of them stay distorted forever.

So you have got to say to your kids, do you want to become a different person? Do you want to just cut yourself off from everybody, from us, from love, from honor, from conscience? This is what is going to happen if you become an addict.

Of course, you know, as our young lady there will tell you, there is no cure. She has to go on for the rest of her life controlling this thing. That is all she can do is control and function, but she is going to do that and she is going to live a normal life and she is going to become a contributing member of the community. This is what we have to do, some programs to educate parents as well as educate the kids.

There is one other thing I would like to throw in. The last time we met in Washington, Senator, I proposed this to you and you said "I think we would have a little trouble with that one," and that was the proposition of these drug pushers on the streets, you know, going all around; my favorite pusher out here who helped get rid of my son. They don't pay taxes; they don't even file any returns. They haven't got time. They are too busy pushing.

They are making so much money, they get apartments and drive fancy cars around. They don't pay a dime for the privilege of life in our country. They don't even file returns. Well, now, that is a Federal rap; that is not just a little dope rap. There should be some way to be able to get to these people and say, did you make out a return? Oh, you did. Well, let me go over to the car here and we will just check you out on the computer.

And if one of these bums hasn't made a return, there should be something, you know. Come down to Federal court; here is a ticket, the same as if you weren't carrying your draft card in time of war. Any cop could ask you, what are you doing for the war effort? I think cops should be able to say to these pushers once they identify them, what are you doing for the effort? Did you make out a tax return? Have you got any proof of filing a return?

We ought to send some of them away to Federal pens on tax returns. There has got to be another way to assist law enforcement in arresting and putting these guys away. Some of them are women, too.

Chairman HATCH. We are going to do our best on that, I will tell you. That is one suggestion, and it is one that I think we will follow.

But I am going to bet, like you do, on Ms. Walcott. I think she is going to be just fine, and she is going to be a productive member of society. I can certainly believe in that and tell you that.

Ms. WALCOTT. Thank you.

Chairman HATCH. Senator Leahy? My time is up.

Senator LEAHY. Thank you.

Dr. DuPont, you spoke about there being a heavier concentration on drug treatment during the time when you were drug czar as a part of our anti-drug policy. Why do you feel that ratio has changed? Why do you feel that there has been a deemphasis on drug treatment, and what should we be doing? Also, what treatment programs do you think might be most effective if we were to put added funding in?

Dr. DUPONT. Thank you for that question, Senator. What I said was the percentage was highest in that era. Most people talk policy and they talk percent instead of dollars. The dollars weren't the highest in that era, so I will clarify that point.

I think it was very dramatic at that moment in history, and this was described in the book called *The Fix*, by Michael Massing. The new idea was to reduce demand by treatment, and the concept was treatment on demand. The very thing this Committee is talking about was the mantra of the time, and we got away from that.

Instead, what has happened over the years is an increased focus on law enforcement. I think the sad fact is that we have tended to think about this as either/or. We have tended to think about it as either we are going to help, we are going to rehabilitate, or we are going to punish, and it is going to be this or that. I think the new thinking that needs to come around is to put those things together. That, to me, is the new frontier.

What kind of treatment works? I think there are a lot of different approaches and I don't think there is going to be any one that is going to be the answer. There has been an interest in the bill—and I was to encourage this—for accountability for treatment because I think treatment can be not very good. I think it is very important to score treatment and encourage the treatment programs to do follow-up studies of the people who are in the programs so that we get some sense of what the value is for the investment of that treatment dollar. But I think that all can be done, and it can be done at costs that are quite affordable in relationship to the priority the people of this country put on the problem.

Chairman HATCH. Let me interrupt for just a second, Dr. DuPont, with the permission of Senator Leahy. If we could put a wide variety of rehabilitation centers out there, do we have enough personnel, do we have enough skilled, educated people who understand these issues well enough to be able to make a difference and to be able to staff these various facilities?

Dr. DUPONT. I think we do. The world has changed very dramatically. About two-thirds of drug treatment in this country—the total bill for drug treatment in this country is about $7.5 billion a year. That is what is being spent now, and two-thirds of that is public money and one-third of that is private insurance money.

One of the things that has happened with managed care is they have closed down most of the inpatient treatment programs in the private sector, putting large numbers of talented people, I think, out of work. And I think they could be recruited in very large numbers into these programs.

I think that the issue that people don't realize is how motivated recovering drug addicts and alcoholics are to contribute in this ef-

fort and what they can offer. There are very large numbers of those people, plus, as Dr. Leshner was saying, the field has become much more attractive to professionals of a broad range. So I think the answer is you could definitely recruit all the people, both the recovering part and the professional part, to fill all the places that would be put up.

Senator LEAHY. And I think the other point you make about having a method of accountability should be really thought about, to be able to go back and test and check and see what is working. Again, it is like somebody saying we are going to have a crime bill because we are all against crime. Well, I think we should just somewhere, maybe he first day of the Congress, say we will pass a resolution that we are all against crime and that we are all against drug addiction, and that we really want to help the teenagers in this country, because we all do.

Sometimes, though, in trying to prove it, we pass things that look very simplistic and we don't go back and look at whether they work or not. I think some of the reassessment of mandatory minimums is going to come about because while it may have seemed like a great idea, and in some instances may have been, we found a lot of instances where it was not. So I keep stressing the question of accountability when we set these programs up.

Commissioner Walton, again I appreciate your coming down, as you have other times on hearings here. It is helpful because as Commissioner of Public Safety in Vermont, you can probably best speak to the problems of a rural area. Again, as I mentioned earlier, our largest city is less than 40,000 people.

One thing, though, that every State has, whether large or small, is prisons. Could you tell me how serious a problem is drug use and drug addiction among Vermont's prison population? And if we had money to support drug testing and treatment in prisons, going back to something I discussed with Ms. Hewitt earlier, would that help with the recidivism rate?

Mr. WALTON. Mr. Senator, I don't think there is any question but that treatment programs in Vermont prisons or any prisons reduce recidivism rates. I think close to 80 percent of those people who are discharged from prisons have some sort of dependency problem. Now, a substantial portion of that would be the drug alcohol, but nonetheless there is a dependency problem among many of the persons released from our prisons. Absolutely, treatment in prison would make a difference. It would reduce recidivism. It will reduce crime while they are out if we can curb the addictions.

I think I heard Dr. DuPont say earlier that one of the statistics that exists today is that most of the people who get into drugs get into drugs in their young, teenage years. As much as we have said about treatment here today, I think we would not want to leave this panel without reemphasizing the importance of prevention. We must take steps, I believe, as a State, as a Nation as a whole, to prevent those addictions. Whatever efficacy there is in terms of treating someone who has become addicted, there must be even greater efficacy for us to stop the addiction before it starts.

You know, I am not sure that there is one point that Mr. O'Connor and I might not agree on. I heard him say earlier that he doesn't believe in the "just say no" approach to dealing with chil-

dren and young people. But when I looked at the statistics some years back in terms of the drug curve among our youth, when we were as a society in the late 1980's saying no on a regular basis to kids and using PSAs—I still recall the PSA with a frying brain on it, and many other people do.

When we were putting those kinds of messages out over television and every other medium we could do for our young people, I think it had an impact on our youth. I think, first, it allowed us, I think, to get a handle on a growing drug problem in this country. And I think when we moved away from that "just say no" approach in its many forms, I think we lost some ground, and I think that lost ground is coming back to bite us today with a new group of youth who have not been exposed to that, who don't understand the addictiveness of heroin, for example, and that taking this first smoke that Senator Biden talked about earlier—within one smoke or two smoke's exposure, they are addicted. That is how quick heroin addiction grabs you, and perhaps some of the other drugs are just as deadly.

That is how quickly it can happen for our youth, and I think we have to get the message out. Yes. Ms. Walcott, I think we have to get it out in the 5th grade and 6th grade, but the problem with our DARE program was resources. We cut it off after the 5th and 6th grade. Even though there was a program for some of the older kids, in most cases it was not put forth.

I think we have to have some continuity in those drug prevention programs, and I think we have to get out there and we have to pitch it from television, on the Net, in every forum that we can find, in teen centers with posters, with counselors, with school counselors, and with others. We have to tell our young people drugs are deadly, and help them understand what the impact can be on their lives.

I think this bill opens the door to that. It certainly opens the door to treatment. I think it opens the door to prevention. I guess if I said we only had once choice—prevention, treatment, or law enforcement—we could only spend our money one way, I would say you spend it on prevention.

Chairman HATCH. That is interesting.

Senator LEAHY. If I can just close on this, I think we all agree, and one of the reasons why Senator Hatch and I have put so much emphasis on it is it not something you can just step into, talk about it now and then way away. I think as Ms. Walcott and Ms. Hewitt have said, and both you and Dr. DuPont have said, if you have somebody who has sought treatment and has received treatment, this is not something you can say, OK, now you are cured, goodbye; we don't need to have any support, we don't need to have any follow-up, we don't need to do anything else. We are talking about a lifetime situation.

Thank you.

Chairman HATCH. Senator Biden?

Senator BIDEN. By the way, as you might guess, Senator Leahy, your Commissioner is absolutely right. Let me give you the statistics on drug treatment in prisons. In the Federal system, the only place where we have it universally, in the year 2000 there 12,541 inmates who participated in drug treatment programs. And over

the period since this began, there are statistics that have been assembled that show that someone who participated in a drug treatment program in prison is 73 percent less likely to be re-arrested than the rest of the prison population when they are released and 44 percent less likely to use drugs than prisoners who did not participate in the system. How many cops does it take to reduce the drug-consuming population by 54 percent? There are certain things that are just obvious.

I want to speak to the prevention piece for just a second. We all pussy-foot around this, and I have found myself doing it, too. I have spent the bulk of my political career dealing with this issue, and will never forget a briefing in 1989 that I got from two professors at Yale Medical School. I asked why do people start using drugs in the first place? What is the reason? And the answer was because it feels good and they want to feel good.

And there was given a heck of an example by this doctor, which I won't repeat, who was not a sexist at all about how young women or men participate in sexual activity. If the first time was in the back of a car and it was horrible and they didn't like it, they are not rushing to do it the next day. But if the first time somehow was at the skilled hand of someone who knew what they were doing, they were back the next morning. So some people are lucky; they try it and don't like it. I know this sounds silly, but let's be honest about this. They like it, it works. Other people try it and they don't like it. It doesn't work and they stop.

Now, every study I have ever read has said the following: there are certain gateway activities. If a kid at 13 is smoking, they are going to be more likely to smoke a marijuana cigarette. The kid who never had a cigarette in his mouth, a normal cigarette, is going to feel funny smoking that cigarette for the first time, that joint for the first time.

Kids who start to use alcohol when they are 12, 13 or 14, even though it is not a medical connection—I am not making the argument that you use alcohol and that means you are going to be addicted to drugs. And I asked again, why is it? And they said, you know, the kids who most likely get addicted are the kids who have the most talent and the kids who are the ones who are willing to take the most risk, the same kid you told, don't cross that highway, when he was 5 years old and he was sure he could negotiate it and he would cross that darn highway.

Other kids, you say "don't cross the highway," and they say "I am not going anywhere near the highway," not merely for fear that the parent will be angry, but because they are not sure they can cross the highway and not get hit. So the chance-takers are also the kids who are the most susceptible. We lose probably the best of our young people because they are the ones who take the chances. The same person who wants to take a chance on, figuratively speaking, going to the moon or going to Mars is the same kid who will take the chance, the same instinct on trying for the first time.

So here is my question. I think we should, in fact, as a society face up to the fact as parents that there have to be consequences for your child in their early teen years for smoking or drinking. My kids went to a very good parochial school in my State, academically

literally rated the best school in the State. You know, it was hard to get the parents to sign a pledge that they would not allow alcohol to be consumed in their homes while they were there and they would not allow their homes to be used by their high school child when they were not there.

Mothers would say "my daughter won't be invited; she will never have parties here if we have that zero tolerance for alcohol." Think about that. Think about how many parents of my generation, the Vietnam generation, said, "oh, man, you know, so my kid is smoking a joint; everybody did that." Well, this ain't your father's marijuana. This is a heck of a lot more potent than any marijuana that was ever produced or consumed back in the 1960's.

But there is a mind set, and I think my generation, and I am the baby boom generation, is partially responsible for it. We seem to think that as long as our kids are doing tobacco and alcohol and maybe a joint, we shouldn't worry about it.

Am I correct that there is evidence that the younger the person is when they begin to consume tobacco or alcohol or marijuana, there is an exponentially greater prospect that they will become hard-core addicts down the road? Is that correct, Dr. DuPont, or not?

Dr. DUPONT. That is completely correct, and the other side of that is if they decide not to use those gateway drugs, they are not going to use the later drugs. So it is absolutely the younger they use, the worse the prognosis. And what you said is exactly right; there need to be consequences.

Senator BIDEN. I don't mean criminal consequences.

Dr. DUPONT. No, no, I understand that, something that gets them uncomfortable and gets them convinced, including education. I think community service, getting them to go to a drug treatment program to meet people like Ms. Walcott, could be the kind of consequence for a positive drug test.

Senator BIDEN. Well, I don't know how we get a handle on the remainder of this problem until we get a handle on—Debra, did you smoke tobacco?

Ms. WALCOTT. Yes.

Senator BIDEN. When did you start?

Ms. WALCOTT. Thirteen.

Senator BIDEN. When was the first time you had a drink, alcohol?

Ms. WALCOTT. Fifteen.

Senator BIDEN. When was the first time you got drunk that you know, that you can think of?

Ms. WALCOTT. Fifteen.

Senator BIDEN. Thank you.

Chairman HATCH. Thank you, Joe.

Let me just ask, since I am the last one to question here, just a couple of questions of you, Ms. Walcott.

I think every one of you witnesses have been great here today. I mean, it has been very interesting to us and we are very appreciative of the testimony you have given us.

In addition, Ms. Walcott, to your fear of going to jail, what other factors help you in your day-to-day struggle with your addiction?

Ms. WALCOTT. The fact that I see how much my life has changed without using drugs, and I have had that period of time to stay away from the drugs and I see the different way my family looks at me now, the respect I have from them, and just the fact that I can get things out of life without using drugs and I can deal with myself as a person without using drugs. I know that I don't have to use drugs.

Chairman HATCH. That is terrific. Did you see the movie "Traffic?"

Ms. WALCOTT. Yes.

Chairman HATCH. What did you think of it? Putting it into the context of your experience, the totality of your experience as a young person who has an addiction, what did you think of that movie?

Ms. WALCOTT. I thought it was good and I—

Chairman HATCH. Good in what way?

Ms. WALCOTT. It proves a point that drug addiction for young people is a problem, and it also showed how the parents weren't really involved with her life.

Chairman HATCH. It shows the depths of degradation, pretty well too, doesn't it?

Ms. WALCOTT. Yes.

Chairman HATCH. Well, there has been a lot of criticism of the movie and a lot of praise for the movie. My personal belief is that you can't see that movie as a young person without realizing that you don't want to touch drugs. Was that basically the conclusion you drew?

Ms. WALCOTT. Yes.

Chairman HATCH. I appreciated the remarks of Dr. DuPont in criticizing some of the aspects, but overall it was a movie that was pretty troubling and pretty convincing of how bad the drug world is.

Wouldn't you agree, Dr. DuPont?

Dr. DUPONT. Yes, sir. I think the only objection I would have is concluding it is hopeless, and I think that that was a message of the movie.

Chairman HATCH. That bothered me, too.

Dr. DUPONT. But other than that, the fact that it is very serious and the heroic views of treatment, I thought it was a wonderful presentation, and the law enforcement. Those, I thought, were positive. It was just the message that it was hopeless that I thought was unfortunate.

Chairman HATCH. Well, this has been a wonderful hearing. It has been helpful to us. We are trying to do what is right. It is about time that we really emphasize these areas more than they have ever been emphasized before. We would like any additional comments that you care to make.

Dr. DuPont, I would like you to answer in writing the question of just what should we do. Is Joe Califano right about having a new institute on addiction, or should we phase that into the National Institute on Drug Abuse and SAMHSA and other currently available agencies that he feels are fractionated?

I would like to have you, in writing, give us your best views on that, and you, as well, Mr. Walton. You have had a lot of experi-

ence in this area. I would like to have you give us in writing your ideas on that, as well, because this is the time to make these points because we are going to pass this bill. We think it is time for everybody in America to realize that we are not just worried about interdiction and we are not just worried about the supply side. We are worried about the demand side as well, and we don't want Debra Walcott and all kinds of young people like Debra to not have a chance in this world.

We are proud that you do have a chance now and that you have had this kind of treatment, and we hope and pray that you will continue down that pathway because I think you really have a great future if you will do that.

Ms. Hewitt, your comments about your sons have hit the mark here. We will see what we can do. Even with this bill, I don't think it would be enough money to solve all the problems, but it is certainly a step in the right direction. It sends the right message, and hopefully we can get cooperation to pass it this year and actually fund it the way we would like to have it funded. So if we are able to do all of that, it will be primarily because of the testimony all of you have given here today.

Mr. O'Connor, thanks again. It is always great to be with you. We respect you and appreciate you, and appreciate the efforts that you make in this area.

Mr. O'CONNOR. Thank you, Senator.

Chairman HATCH. Thanks for being with us.

With that, we will adjourn until further notice.

[Whereupon, at 12:58 p.m., the Committee was adjourned.]

[Submissions for the record follow:]

SUBMISSIONS FOR THE RECORD

Statement of Hon. Maria Cantwell, a U.S. Senator from the State of Washington

I want to thank the Chairman and Ranking Member for bringing these issues to the Committee so early in the Session. I also want to thank you for working so hard, and in a bipartisan fashion to craft legislation to address drug use prevention and treatment. It is good to see these bold steps being taken—fundamental steps to reducing crime and improving the quality of life for Americans. And the legislation is timely, as we see an explosion in the use of cheap, easily manufactured and highly dangerous drugs such as methamphetamine. Eleven percent of U.S. high school seniors have used this deadly drug. Just as we begin reducing the number of users of one dangerous drug, the numbers increase for another.

In my state of Washington we have seen a more-than-exponsential rise in the manufacturing and use of methamphetamine. In fact, Washington has become the second largest producer of methamphetamine in the U.S. In 1998 we had "only" 349 methamphetamine labs. That number is expected to top 2,000 this year. By 2002, it is projected that there will be 2,600 labs in my state alone.

The problem in Washington is hardest on the rural areas, as it is for many states across the country. Drug manufacturers are finding it easier to hide in rural regions rather than in urban centers. SO they are moving their operations, and their way of life, into these communities. Since methamphetamine, known as the "poor man's cocaine," is cheap to purchase, it is most rapidly growing in popularity among our poorest populations, which includes some of our rural communities.

Very simply put, the drug problem has fast become a rural problem. We must do more to curb the demand for illegal drugs. The drug education and rehabilitation programs that this bill promotes are imperative to keeping our kids off of drugs and rehabilitating drug users. And I am particularly pleased to see that you have provided special funding for programs in the rural parts of our country.

I applaud the efforts of the Senators from Utah and Vermont to bring these provisions into law as promptly as possible and look forward to the testimony of the witnesses.

Statement of Hon. Russell D. Feingold, a U.S. Senator from the State of Wisconsin

Thank you, Mr. Chairman. I commend the Chairman and ranking member for holding this hearing and taking the lead in urging Congress to start a new chapter in our nation's fight against drugs.

As the legislation introduced by Senators Hatch and Leahy shows and I hope this hearing will illustrate, it is time for our nation to move away from thinking of the drug problem as simply a "War on Drugs," as if all that is needed to fight illegal drugs is beefed-up international and domestic policing efforts. Yes, we need effective law enforcement to stem the production and distribution of illegal drugs. Yes, we need to continue to work with foreign governments to stem the tide of illegal drugs flowing into the U.S.

But, Mr. Chairman, as you know, this isn't just about fighting the supply of drugs. We need to fight, firmly and passionately, the demand for drugs. To do so effectively, we need an increased emphasis on drug prevention, treatment and research. I'm pleased to see this increased emphasis reflected in the HatchLeahy legislation, S. 304, the "Drug Abuse Education, Prevention and Treatment Act of 2001." It appropriately focuses primarily on efforts to strengthen drug prevention and treatment.

I'd like to touch on one issue that I'm particularly pleased to see the bill begin to address: the effectiveness of mandatory minimum prison sentences for non-violent drug offenders. The bill directs the U.S. Sentencing Commission to submit to Congress, no later than one year after enactment of the bill, a report on mandatory minimum sentences for illegal drug offenses. This report will include an analysis of the frequency and appropriateness of such sentences for nonviolent offenders in contrast with other approaches like drug treatment programs, and whether such sentences have a disproportionate impact on ethnic or racial groups. This step is a much overdue reexamination of our mandatory minimum sentencing policies.

I, however, have some concerns with the Hatch-Leahy bill as it relates to charitable choice—allowing churches, synagogues, mosques and other religious organizations to compete for federal dollars under the provisions of the bill on the same basis as non religious organizations. This raises serious First Amendment concerns. I understand a hearing on this subject will be held soon.

In the meantime, Mr. Chairman, this hearing is a good start on the road to enacting comprehensive and effective drug legislation. Again, I commend the Chairman and ranking member for their leadership on this issue. Thank you, Mr. Chairman.

Statement of Hon. Strom Thurmond, a U.S. Senator from the State of South Carolina

Mr. Chairman: I am pleased that we are holding this hearing today on the importance of a comprehensive approach to the drug threat.

Drugs are a terrible menace to society. They destroy the lives of far too many promising young people. They also cost our country and our economy heavily in lost productivity and in crimes that are committed because of drug use.

We have known for many years that drugs are an enemy that America must fight with great determination. We fight the war on drugs on many fronts, including prevention, treatment, prosecution and interdiction.

Some say that the drug war can never be won and that we should change our priorities. They argue that we should focus our efforts on preventing drug abuse and treating abusers simply as people with a health care problem.

I do not agree. I believe we should fight the drug war on all fronts. It is true that we probably will never win the war on drugs outright, but that does not mean we should surrender.

In our fight, criminal prosecution must always be a cornerstone. Maintaining aggressive prosecution and serious penalties on drug use and distribution show that society will not tolerate illegal drugs. Legalization is a terrible idea that is periodically raised and must be consistently rejected.

The fact is that many avoid drugs because they want to follow the law and are afraid of the punishment that will result if they do not. Also, punishment and interdiction help reduce the supply of drugs. If drugs are more scarce, they are more expensive, less pure, and harder to obtain.

This is not to say that prevention and treatment are unimportant. They are essential to success. The Drug Abuse Education, Prevention, and Treatment Act, S. 304, will help maintain and strengthen our resolve in this area.

The fact is that people often enter treatment because of the criminal justice system, either as an alternative to prison or while they are in prison. Treatment programs that are based on coercion are often longer and more successful in the long run.

For example, S. 304 authorizes funding for a drug treatment alternative to prison or DTAP program. Senator Schemer and I have introduced this as separate legislation. This program is run by prosecutors and has proven to be successful. It gives non-violent drug offenders a second chance, but it requires that they complete a specific term of imprisonment if they fail treatment. Treatment programs in the criminal justice system must include punishment for those who do not stay off drugs.

I look forward to the testimony of our witnesses regarding this most important issue.

Statement of Joseph A. Califano, Jr.[1], the National Center on Addiction and Substance Abuse at Columbia University

Mr. Chairman and members of the Committee:

It is a privilege for me as the President of CASA-The National Center on Addiction and Substance Abuse at Columbia University—to submit this statement in support of S. 304, The Drug Abuse Education, Prevention and Treatment Act of 2001.

Mr. Chairman, you, Senators Joseph Biden, Patrick Leahy, Michael DeWine and Strom Thurmond have done a great service in introducing this bill, which is the most comprehensive legislation on substance abuse ever introduced. This bill is the first significant legislation to strengthen all four legs of the effort to combat substance abuse and addiction-research, prevention, treatment and law enforcement.

During a campaign speech on October 6, 2000, President George W. Bush pledged that in his administration, "the threat of drugs won't be confronted by bursts of government activity, followed by years of neglect." He recognized the need to reduce the demand for drugs in this country-"America should not blame other nations for the narcotics trade. We are the market that sustains it. And we have a responsibility to confront this problem"—and he pledged to place new emphasis on drug abuse prevention, work to create drug free schools, increase funding for treatment in underserved areas, provide treatment in prisons, help keep prisons drug-free and increase funding for drug courts. The President can take a major step to fulfill his campaign pledges by supporting S. 304.

Substance abuse and addiction is implemented in virtually every social ill: crime and violence, teen pregnancy, welfare dependence, spousal and child abuse, the spread of AIDS and other sexually transmitted diseases, the deterioration of public housing and urban schools, and the rising costs of health care and social security disability. By addressing the problem of substance abuse and addiction so comprehensively, this bill offers the hope of reducing crime and health care costs and the amounts of tax payer funds needed to deal with these social ills.

CASA's 2001 report, Shoveling Up: The Impact of Substance Abuse on State Budgets, found that states spend 13.1 percent of their budgets on substance abuse and addiction. On average, of every such dollar states spend, 96 cents goes to shoveling up the wreckage, only 4 cents to prevent and treat substance abuse and addiction. By focusing on research, prevention and treatment, this legislation will save states and the federal government billions of dollars and set in motion the next significant wave of crime reduction in America.

CASA's 1998 report, Behind Bars: Substance Abuse and America's Prison Population, revealed that 80 percent of the almost two million federal, state and local inmates either have a history of alcohol abuse; been regular drug users; committed crimes such as rape, assault and murder while high on alcohol or drugs; stolen to

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[1] Mr. Califano, an attorney, is founding Chairman and President of The National Center on Addiction and Substance Abuse at Columbia University. He was Secretary of Health, Education, and Welfare from 1977 to 1979 and President Lyndon Johnson's top assistant for domestic affairs from 1965 to 1969.

get money to buy drugs; violated drug or alcohol laws, or share some combination of these characteristics.

The provisions in S. 304 to help make our prisons drug-free and provide substance abuse treatment for inmates (as well as assistance for the reentry of recovering criminal offenders into local communities) take advantage of this captive audience to open up a second front in the war on crime. This bill recognizes that being tough on crime and mandating treatment of offenders are mutually supportive. If the objective of our criminal justice and prison system is to protect the public safety by incarcerating incorrigible offenders and reducing recidivism, providing treatment for substance abusing inmates is just as essential as holding them strictly accountable for their actions.

CASA's research has found that criminal recidivism is very much a function of drug and alcohol abuse. The more often an individual is imprisoned, the likelier he is to be a drug or alcohol addict or abuser. Forty-one percent of first-time offenders have a history of regular drug use, compared with 63 percent of those with two prior convictions and 81 percent of those with five or more prior convictions. Well-designed prison-based treatment, such as that contemplated in S. 304, can reduce drug and alcohol relapse and consequent criminality, especially when combined with training and community-based aftercare services, including treatment, assistance with housing, education, employment and health care. Since a drug-addict commits about 100 crimes per year, for every 10,000 drug-addicted inmates who upon release become productive citizens there will be a reduction of one million crimes a year.

CASA found that an estimated 31 percent of federal inmates in federal prisons were hooked on drugs, but, in 1996, only 10 percent were in treatment. Up to 85 percent of state prison inmates need substance abuse treatment; in 1996, only 13 percent of such inmates got any. Individuals who enter treatment under legal pressure have outcomes as favorable as those who enter treatment voluntarily. Hundreds and thousands of the nation's substance-involved inmates would be working citizens and responsible parents if they lived sober lives.

Proposing to provide treatment to prisoners makes economic sense. We have found that the cost of providing treatment for inmates, accompanied by appropriate education, job training and health care, would average about $6,500 a year. For each inmate who successfully completes such treatment and becomes a tax-paying, lawabiding citizen, the annual economic benefit to society-in terms of avoided incarceration and health care costs, salary earned, taxes paid and contribution to the economy-is $68,800, a tenfold return on investment in the first year. If a year of such comprehensive treatment turns around only ten percent of those who receive it, it would still pay for itself within one year. Even with the difficult inmate population, success rates are likely to be higher.

The reestablishment of drug courts called for under Title V of this bill will reduce crime and lessen the burden on the prison system. CASA's seminal analysis of 77 drug courts, conducted by our Senior Research Associate Steven Belenko, Ph.D., found they are effective in reducing drug abuse among nonviolent offenders, helping them become law-abiding, tax-paying citizens, and cutting the burden that drug related cases impose on the criminal justice system. Drug courts provide better supervision, increase the rates of retention in treatment, and reduce drug use and criminal behavior of participants. Recidivism for participants remains low for drug court graduates. The provision in the bill to establish juvenile substance abuse courts builds on this experience.

The drug treatment alternatives to prison for non-violent offenders with drug and alcohol problems proposed in section 301 of S. 304 is another way proven to be effective to channel addicts into treatment and reduce crime. The Drug Treatment Alternative to Prison Program (DTAP), conceived by the District Attorney of Kings County (Brooklyn), New York, Charles J. Hynes offers defendants arrested for a felony drug sale who have a drug abuse problem and one or more prior nonviolent felony convictions the option of deferring prosecution and entering residential drug treatment for 15 to 24 months. Those who complete the program have the charges against them dismissed; dropouts are prosecuted on the original charges. CASA's evaluation of this program reveals that among DTAP participants, arrest rates are lower; and even when arrested, DTAP graduates are involved in less serious offenses.

The Drug Abuse Education, Prevention and Treatment Act of 2001 recognizes that funding for treatment in rural areas and economically depressed communities is of vital importance. CASA's 2000 report, No Place to Hide: Substance Abuse in Rural America, found that, contrary to popular belief, drugs are not just an urban problem. Meth has come to Main Street. Indeed, eighth graders in America are 83 percent likelier than those in urban centers to use crack cocaine, 50 percent likelier to use cocaine and 34 percent likelier to smoke marijuana. Yet smaller communities

lack the resources to provide accessible drug treatment and attract trained substance abuse professionals, school nurses and counselors. Section 304 authorizes funding for treatment that these rural and impoverished communities with high rates of drug addiction desperately need. I recommend that this Committee consider similar support for law enforcement in rural areas since small communities do not have the police capacity needed to deal with illegal drug distribution networks.

The battle against substance abuse is all about children. Before completing high school, every American boy and girl will have to make a conscious choice whether to smoke, drink or use drugs; many will face that choice in middle school. The most important finding of our nine years of research is this: a child who gets through age 21 without using illegal drugs, smoking or abusing alcohol is virtually certain never to do so. Preventing substance abuse and addiction among children and adolescents is the road to the drug-free society we all seek.

Especially for children, availability of drugs spawns use. The increased penalties for drug offenses involving juveniles in Title I of this bill are a vital part of keeping drugs out of the hands of our children. Drug offenses committed in the presence of children, distributing drugs to minors and trafficking drugs in or near a school or other protected location are offenses that savage our children by placing drugs within the circle of their lives. CASA research has found that the earlier an individual uses marijuana, the more likely that person is to experiment with cocaine, heroin and other illicit drugs and the likelier that individual is to become a regular adult drug user and addict. A child who uses marijuana before age 12 is 42 times likelier to use cocaine, heroin and other drugs than one who first uses marijuana after age 16. In light of these findings, it is essential we do all we can to deter individuals from involving minors in drug trafficking.

The funding for the expansion of substance abuse education and prevention efforts proposed in section 303 of this bill is vital. CASA research shows that schools are second only to parents in their influence on the risk of teen drug use. The risk of substance abuse for a teen who attends a drug-free school is less than half the risk of a teen who attends a school where illegal drugs are used, kept and sold. Teens who attend drug-free schools are four times less likely to smoke marijuana than teens who attend schools that are not drug-free. Sadly, more than 60 percent of our nation's teens say drugs are used, kept and sold at their high schools.

The counseling, training and mentoring for children of prisoners provided for in Title IV can save those at high risk from becoming addicts and criminals. Children of substance-involved inmates are at especially high risk of addiction and incarceration. Many of these children are abused and neglected. CASA's 1999 report, No Safe Haven: Children of Substance-Abusing Parents, found that substance abuse and addiction are the primary causes of the dramatic rise in child abuse and neglect since the mid-1980s. Substance abuse causes or exacerbates seven out of ten cases of child abuse or neglect. Children whose parents abuse drugs and alcohol are almost three times likelier to be abused and more than four times likelier to be neglected than children of parents who are not substance abusers.

Identifying children at risk early and providing them with counseling, training and mentoring is key to preventing later involvement with drugs and crime. CASA's comprehensive intervention program CASASTART (Striving Together to Achieve Rewarding Tomorrows) is a community based, school-centered program. CASASTART combines, under one umbrella, teachers, police, health and social workers and full time mentors to prevent substance abuse and delinquency among high-risk 8 to 13 year olds. Children in this program demonstrate better academic performance and were significantly less involved in drug use and selling, violent crime and disciplinary problems.

Research is the base upon which all of what we know about effective substance abuse treatment and prevention rests. Recent research into how addiction affects the brain led to the development of new substance abuse treatments. Biomedical research has revealed that nicotine, alcohol, marijuana, cocaine, heroin and other drugs affect brain levels of dopamine (the substance that gives us pleasure) in similar ways. CASA's six Teen Surveys, and other social science research, have demonstrated how important parent power is to reducing a child's risk of substance abuse. Our demonstration programs have shown what services can help prevent at-risk children from becoming addicted. This bill's provision for expanded research into substance abuse's affects on the human body and brain, risk factors, protective factors, connection with mental health and teen suicide and other causes and correlates will ensure that we stay on the cutting edge of substance abuse treatment and prevention.

In closing, Mr. Chairman, I congratulate you, Senators Biden and Leahy and the other cosponsors for introducing such a remarkable bill. If passed, this legislation will go a long way to help our kids grow up drug-free.

I appreciate the opportunity to submit this statement and CASA-The National Center on Addiction and Substance Abuse at Columbia University-and I stand ready to assist this Committee and its staff in any way we can.

The Washington Post

A Turning Point on Drugs By Joseph A. Califano Jr., Tuesday, March 13, 2001; Page A21

President Bush has an opportunity to lead a budding revolution in the nation's policy on substance abuse. For the first time in the nation's many wars on drugs, the forces are there to balance and strengthen all four legs of the effort against abuse and addiction: research, prevention, treatment and law enforcement.

During his trip to Mexico, Bush showed he recognized that drugs come to America by invitation, not by invasion. The problem we've neglected, he stressed, is reducing demand. That same week, a surprising bipartisan group of senators -Republican conservatives Orrin Hatch, Strom Thurmond and Mike DeWine; Democratic liberals Joe Biden, Patrick Leahy and Edward Kennedy—introduced legislation to provide an additional $900 million for research, prevention and treatment and to toughen criminal laws to protect kids.

The scientific stars are also aligned for revolution. Several years ago, the National Center on Addiction and Substance Abuse at Columbia University (CASA) identified the statistical relationship, especially among young teens, between smoking, drinking and using marijuana and the move to harder drugs. Recently scientists have found that all substances - nicotine, alcohol, cocaine, heroin, marijuana—similarly affect brain levels of dopamine (the substance that gives pleasure). Coupled with CASA's finding that an individual who gets through age 21 without smoking, abusing alcohol or using illegal drugs is virtually certain never to do so, these scientific discoveries point to more effective ways to battle substance abuse and addiction.

First, we must stop ricocheting from nicotine to alcohol to marijuana to LSD to heroin to cocaine to crack to amphetamines to ecstasy. The problem is addiction. Finding a teen on marijuana or harder drugs who didn't start with cigarettes and beer is like searching for a grain of sand at the beach. The sharp 48 percent decline in teen nicotine smoking in Florida has been accompanied by a 38 percent drop in teen marijuana smoking. Most individuals in treatment are hooked on more than one substance.

In research, we need a National Institute on Addiction that combines the current fragmented institutes on drug abuse (illegal drugs and nicotine) and alcohol abuse and alcoholism. Such a combination would strengthen our research efforts and provide a better return for our tax dollars.

In prevention, the prime targets are children and all substances. Prevention, education and media campaigns should target alcohol and tobacco as aggressively as illegal drugs. Congressional restrictions that confine the White House drug policy director to illegal drugs should be lifted. That means taking on the tobacco and alcohol lobbies on Capitol Hill and in state legislatures.

The movie "Traffic" vividly captures the crude corruption that undermines law enforcement attempts to curb illegal drug distribution and sales. But our campaign finance laws provide cover for polished tassel-loafer corruption by the beer, liquor and tobacco industries. Their campaign contributions and high-priced Washington lobbyists have killed Sen. John McCain's tobacco legislation, proposals to label the dangers of alcohol on bottles of beer, wine and liquor, and cigarette and alcohol tax hikes to increase the price of these drugs and thus reduce initiation of teen smoking and drinking.

As for treatment: It's time to take advantage of captive audiences where so much drug and alcohol addiction is concentrated: prison inmates and individuals receiving benefits from Medicaid, welfare, child welfare and other public assistance programs. Of the 2 million Americans in prison for felonies, more than a million have drug and alcohol abuse and addiction problems. Hundreds of thousands can benefit from treatment, but precious little is available. Since on average an addict commits at least 100 crimes a year, for each 10,000 successfully treated, 1 million crimes will be eliminated.

Motivation is the key here. Drug courts help. Mandatory sentences hurt. Where the entire sentence must be served, the carrot of early release is not available to encourage a prisoner to seek treatment; where there is no parole, the stick of immediate return to prison is lost as an incentive to continue treatment and aftercare

upon release. Beneficiaries of public assistance programs who have drug and alcohol problems should be required to enter treatment as a condition of receiving benefits.

In law enforcement, it's time to concentrate on making illegal drugs less available to kids and to expand the policing horizon. For teens, illegal drugs are the tip of the iceberg and at the end of the substance abuse journey. Alcohol is implicated in far more teen violence, suicide and deadly accidents than all illegal drugs. Teens learn how to inhale on nicotine cigarettes before smoking pot. Laws prohibiting sale of alcohol and cigarettes to minors should be toughened. Their reach should be extended to cover adults who purchase beer and cigarettes for minors and tobacco and beer companies that distribute their products to outlets that sell to minors.

Much more energetic efforts should be devoted to enforcing those laws and punishing those who violate them. President Bush's statements on demand reduction, treatment and protecting our children are as refreshing as Lyndon Johnson's words on alcohol in his 1967 Message on Crime in America. There LBJ urged that "drunkenness [then America's number one crime] should be regarded as a criminal offense only when it is accompanied by disorderly conduct." That signal kicked off a revolution in how our nation viewed and confronted drunkenness.

The Texan in the White House today has the opportunity to spark the same kind of revolution in how the nation views and confronts all substance abuse and addiction.

The writer, president of the National Center on Addiction and Substance Abuse at Columbia University, was President Lyndon B. Johnson's special assistant for domestic affairs from 1965 to 1969.

Statement of Jan K. Carney, M.D., Vermont's Commissioner of Health

I want to thank Chairman Hatch and the Ranking member, Senator Leahy, for the opportunity to provide testimony regarding the Drug Abuse Education, Prevention, and Treatment Act of 2001. My name is Jan K. Carney, MD. I have been Vermont's Commissioner of Health for more than a decade. I believe that drug abuse, whether we are talking about tobacco, alcohol, marijuana, or heroin, is a public health problem: it is common, serious, and potentially preventable. To address what is a huge national problem, as well as one we are seeing in Vermont, a comprehensive strategy is needed that includes prevention, treatment, and law enforcement. These efforts must be coordinated with federal, state, and local agencies if we are to be successful.

Heroin use is a growing problem in Vermont. In our 1999 Vermont Youth Behavioral Risk Factor Survey, 4 percent of Vermont 8–12th graders reported ever using heroin. When looking at information obtained from publicly funded treatment programs in Vermont, there has been an overall increase in the numbers of individuals treated for heroin use, but the most dramatic rate of increase has been among 18–24 year olds. This is clearly a growing public health problem in Vermont.

In order to successfully prevent and treat heroin use in Vermont and other states, we need to remember that adolescents and young people don't wake up one morning and begin using heroin, there is nearly always prior use of alcohol, and marijuana. Vermont 8–12th graders, who report any alcohol use, alcohol use before age 13, or binge drinking are at increased risk for use of marijuana, cocaine, inhalants, methamphedamine, hallucinogens, and heroin. Although we must focus interventions specifically aimed at the prevention and treatment of heroin use, if we are to be successful in the long run, we must link our public health prevention efforts for alcohol and marijuana, to those specific to heroin. It is well documented and logical that use of alcohol and marijuana during adolescence sets up patterns of behaviors that put children and young adults at increased risk for other drug use.

I wholeheartedly agree with the bill's emphasis on community prevention. Vermont is one of five states that received State Incentive Grants from the Center for Substance Abuse and Prevention (CSAP) designed to apply proven science based strategies to reduce alcohol and marijuana use. Evaluation for Vermont's program will be completed in the fall of 2001, and we are optimistic that our community-based prevention strategies, including involving local coalitions, and targeting specific outcomes, will help provide a national framework and community models that can be used across the county to reduce alcohol, marijuana, and other drug use. Prevention strategies in schools, including science-based curriculum from kindergarten through grade 12 is something we must have in every school, reaching every child. There are also proven strategies to promote positive youth development, emphasiz-

ing such positive aspects as involvement in school and community, which have been shown to help protect our young people from substance abuse.

I also agree with the need for additional treatment. In Vermont we are seeing a growing need for heroin treatment and are currently in the process of implementing a law passed by the Vermont legislature and signed by the Governor in 2000 to begin opiate addiction treatment in Vermont hospitals. In addition, there are growing treatment needs in prisons, and specific treatment needed for heroin, alcohol, and other drugs for adolescents. Treatment programs designed and implemented for adolescents are different than those that are designed for adults, and must reflect and be responsive to the specific developmental needs of our young people.

I enthusiastically support the comprehensive approach of this bill. In order to successfully deal with heroin and other substance abuse, we need a combined focus on prevention, treatment, and law enforcement. In Vermont, at the direction of Governor Dean, I am chairing the heroin action Committee, a broad-based group focusing on prevention, treatment, and law enforcement that has a goal of eliminating heroin use in Vermont. It is apparent to us that federal legislation and resources are needed and essential if we are to achieve our goals. Thank you.